

Montgomery, Ala., Journal
Thursday, February 14, 1929

Alabama Health Department News

Announcements of scholarships and loans for nurses by the Isabel Hampton Robb Memorial fund committee were received by the bureau of public health nursing of the state board of health Wednesday.

Seven scholarships of \$300 each are available. To be eligible for them the applicant must be a graduate nurse, a high school graduate, a member of the American Nurses association, and should have had one year's experience as a nurse.

Loans of \$200 at 2 per cent are available for eight-months' courses, and of \$100 for four-months' courses. The loans are for five year periods.

Further information may be obtained from Katharine DeWitt, R. N., Room 1610, 370 Seventh avenue, New York.

Miss Lula M. Mitchell, auditor attached to the children's bureau of the federal department of labor, was at the bureau of public health nursing of the state board of health Wednesday, checking the books of the bureau. The bureau functions with federal aid.

The fifteenth annual negro health week will be observed March 31-April 7, according to information received at the state board of health. The negro health week is held with the cooperation of the Tuskegee Institute.

Birmingham, Ala., News

Monday, April 1, 1929

NEGROES IN HEALTH DRIVE

Bureaus Opened Throughout City To Give Innoculations

Health centers maintained for negroes in various parts of Birmingham were opened Monday to give smallpox and typhoid vaccinations and toxin and anti-toxin inoculations for the prevention of diphtheria in connection with negro health week, which is now being observed, it was announced at the Health Department. These centers will be open each afternoon this week except Saturday from 1:30 to 4 p.m.

Announcements of the negro health week program were made in negro churches Sunday and members of the congregations were asked to participate in a general clean-up campaign

Health Workers Study Malarial Control Plan

TUSKEGEE, ALA., May 24.—(Special)—Tuskegee has been host this week to a large number of men engaged in public health work. About 25 men from 42 counties over the state assembled here Monday to begin a week of intensive study of malaria control. C. C. Kiker, engineer of the state Board of Health assisted by T. H. Milford, Albert Powell and Mr. Wood of his office, had mapped out a most interesting course of study in view for these men.

Malaria control measures of various kinds have been demonstrated. The detection, collection and identification of mosquito larvae occupied most of the time Tuesday. Wednesday was spent in a malaria survey and house to house canvass of the sections surrounding Shorters. It was in this section last year that more than 200 cases of malaria were reported.

Thursday was spent in field work, demonstrating proper types of drainage, map making and cost accounting in mosquito control. Friday was spent in ditching, both by hand and dynamite, and demonstrating the proper screening against mosquitos. Saturday morning these men will report to Lake Jordan above Wetumpka for observation of mosquito control as practiced on large impounded bodies of water.

These health workers were extended a cordial welcome to Tuskegee. Dr. Eugene S. Miller is the local health officer and is doing a great work for Macon County.

Health - 1929

GOOD PROGRESS IN STATE HEALTH WORK

Rockefeller Foundation Watches State Board With Interest, Writes Ferrell

The progress made in health work in Alabama has been phenomenal and the Rockefeller Foundation is watching three projects of the state board with "keen interest," Dr. John A. Ferrell, associate director, has written Dr. Douglas L. Cannon, state health officer.

The projects are the state-wide expansion of county health work; application of the principle of equalization of facilities for poor counties through state aid, and the training of field workers through a state training station.

Dr. Ferrell's letter follows: "Now that the New Year is under way in Alabama which we are watching with keen interest. That contemplating the state-wide expansion of county health work and the application of the principle of equalization of facilities for poor counties through state aid is unique. I sincerely trust you may be able within the next few months to carry it to completion. Your project for training of new field workers and many of those already at work through the facilities of a state training station likewise is extremely important. Moreover, the extension of your sanitary laws and regulations should be far-reaching in its influence on public health. The progress made in Alabama has been phenomenal."

"Now that the New Year is under way we send you and your associates greetings and our best wishes for a rapid progress of the general work and the particular features mentioned."

COURSE ANNOUNCED IN PUBLIC HEALTH

School Of Medicine At University Opens Classes To Physicians Of State

UNIVERSITY, ALA., Jan. 20.—(Special)—A new course in public health and preventive medicine, to which all physicians of the state will be welcomed without charge, has been announced jointly by the Alabama State Board of Health and the school of medicine of the University of Alabama. The course will begin on Monday, Jan. 21, in the auditorium of the Nott Hall of Medicine on the University campus. The course will consist

of lectures, clinics, demonstrations and field excursions and will be given by the state health officers, Dr. Douglas L. Cannon, Dr. M. C. Gentry staff and Dr. A. A. Kirk, Tuscaloosa County health officer. Dr. Ralph McBurney, of the medical faculty and Maj. Gen. Robert E. Noble, U. S. A., retired, of Anniston.

Officials stated that the course was a new one in the school of medicine. Dean Graves stated that it had been established in view of the increasing importance of public health and preventive medicine in the medical curriculum. "Since such course were not available when most practitioners were in school and are valuable to them as to undergraduates," the dean stated, "it has been decided to welcome to it any practitioner of the state without charge. The object of this course is to emphasize early the importance of public health and preventive medicine, the obligation of doctors to the health authorities, the organization of public health forces in the state, county and city and the desirability of bearing in mind always the importance of the preventive viewpoint in subsequent study of clinical medicine," Dr. Graves continued.

It was stated that the board of health of the state offers unusual opportunities for correlation of effort in this direction. According to plans announced from the dean's office, instruction is given by means of lectures, demonstrations, quizzes, visits to the county and city health departments of Birmingham and Tuscaloosa. The field work is associated, it was explained, with milk and water supply, malaria control and food and school inspection. The entire staff of the State Health Department, the county and city health officers of Birmingham and Tuscaloosa, and the professor of bacteriology in the school of medicine will rotate in instruction it was stated.

Program Announced

The program for 1928-1929 follows: Jan. 21, public health administration by Dr. Douglas L. Cannon, acting state health officer; Jan. 28, vital statistics, by W. T. Fales, state health officer; Feb. 4, sanitary inspection of food by C. A. Abele, state health officer; Feb. 11, milk control, by C. A. Abele; Feb. 18, child hygiene and public health nursing, by Miss Frances C. Montgomery, state health officer; March 4, sanitation and prevention of disease, by G. H. Hazlehurst, state health officer; March 11, control of water supply, by H. G. Menke, state health officer; March 18, personal hygiene, by Dr. McBurney, professor of bacteriology; March 25, municipal health practice, by Dr. J. D. Dowling, Jefferson County health officer; April 1, communicable disease control by Dr. D. G. Gill, state health officer; April 8, Alabama's particular problems in communicable diseases, by Dr. D. G. Hill; April 15, inspection of Birmingham and Jefferson County health department, by Dr. J. D. Dowling; April 22, Tuscaloosa County health department, by Dr. A. A. Kirk, Tuscaloosa County health officer; April 29, public health laboratory procedures, by Dr. L. C. Havens, state health officer; May 6, malaria control, by C. C. Kiker, state health officer; May 13, correlation of public health and preventive medicine with general practice, by Major Gen. R. E. Noble, U. S. A., retired.

State's Death Rate Soars To Peak, Excluding Epidemic Year Of 1918

Alabama's recorded mortality was the greatest in 1928 of any one year in the history of the State Health Department except 1918. A year of the great influenza epidemic, the annual figures of the bureau of vital statistics.

Dr. W. T. Fales, director of the bureau, in his report issued yesterday, said nearly 12,000 deaths were recorded, making a death rate of 17.16 per 1,000 population. He added that a part of the increase could be attributed to improvement in registration.

The combined influenza and pneumonia death rate, the greatest in recent years, and increase in the death rate from degenerative diseases, (cerebral hemorrhage, diseases of the heart and chronic nephritis) were given as the main causes of increased mortality during the year. The death rate from influenza and pneumonia was 17.16 compared with 108.4 a 100,000 for 1927, his report showed.

Typhoid Preventable

Typhoid fever stands out in preventable diseases, Dr. Fales's report said. The death rate from that cause was 9.5, the lowest ever recorded in Alabama. Since 1925, the report added, there has been a consistent drop in typhoid fever each year and Dr. Fales said it is hoped that increasing inoculations against typhoid fever, made possible by the increase in county health units, will permit this disease to continue. Health officers and communities must realize however, that inoculation is a temporary measure only and that permanent protection must depend upon adequate community sanitation. He stated that under the present state law this program should go rapidly forward to insure a decrease in coming years.

The report said 1928 was a high malaria year, adding that adverse weather conditions made possible an increase in malaria all over the state. The death rate was 11.6, the highest recorded in Alabama since 1922.

Measles showed an increase, but the report said such could be expected periodically for the disease. The increase, it was stated, was not so great as might be expected considering there has been no widespread epidemic of measles in the state since 1923 and 1924. Whooping cough and diphtheria showed decreases.

Tuberculosis Climbs

The death rate from tuberculosis was shown to have increased slightly. The rate was 90.4 against 87 the previous year. Considering that a high influenza prevalence is usually followed by an increase in tuberculosis deaths, it was said that the increase is probably only a temporary halt in more or less a continuous drop that the state has had in recent years.

"Pellagra again showed an increase," the report said. "While it is true that the adverse economic conditions of cer-

tain counties has made an increase in this cause possible, health officers should consider pellagra a major public health problem in Alabama and take steps in conjunction with agricultural agents and home economics agents so that the people of these counties may understand the importance of a balanced diet."

Among accidental deaths, automobile accidents were said to have taken the most prominent place again. The total toll of accidents is tremendous and as a group represent the fifth cause of deaths in Alabama, the report concluded.

DEATHS STILL CLIMBING

Mortality for the first quarter of 1929 was substantially higher than the same period of last year, while births decreased, report of the bureau of vital statistics of the State Health Department, issued yesterday, showed.

The death rate for the first three months was given at 14.4 against 12.5 for the first quarter of 1928, while the birth rate was shown as 20 against 22 for the first three months of last year.

Mortality for the month of March was lower than for March of last year, but higher than for the same month of 1927, the report said. The rate was 11.4 against 13.1 in 1928 and 10.1 in 1927.

The birth rate was 21.3 against 23.1 for March of 1928 and 25.4 for March of 1927, the report showed. The decrease in births reported for the first quarter of this year, it was stated, is confined to the white population. There is very little difference in the registration of births among the colored population.

Total deaths during the first quarter were reported at 9,734 and births at 13,471. In March, 2,613 deaths and 4,890 births were reported.

The death rate in Montgomery County in March was 14.1 and the birth rate 17.6, statistics of the bureau showed. In Jefferson County the mortality rate was 15.3 and the birth rate 23.6.

NEGRO HEALTH DRIVE LAUNCHED

400 In Montgomery County Hear Fundamentals Of Prevention

Negro physicians and educators of Montgomery joined with medical men and rural workers from Tuskegee Institute in a health crusade among negroes of four communities of Montgomery County Sunday. The health tour is conducted annually under auspices of the United States Agricultural Extension Service, of which T. M. Campbell, of Tuskegee, who headed the party, is field agent in seven Southern States. In the four communities, all of which were submerged during the recent floods, audiences aggregating 500 heard the health talks.

The simple laws of public health and personal hygiene—the necessity for eradicating the mosquito and the fly, for screening the home, for providing a well-balanced and nutritious diet, for regular physical examinations for pre-natal care of expectant mothers, and for personal cleanliness were set forth by speakers. The speakers included Dr. Floyd F. Ross and Dr. Joseph S. Carr, Montgomery physicians; H. Council Trenholm, president of the State Normal College at Montgomery; T. M. Campbell, R. C. Adkins, director of the agricultural department at Tuskegee Institute, and Dr. P. B. Barker, of the United States Veterans Hospital at Tuskegee.

The people were urged to use the facilities of Hale's Infirmary, 325 Lake Street where negro doctors of the city maintain a free daily clinic for needy sufferers.

The itinerary was arranged by J. T. Alexander, county agent for work among negroes.

THE LENGTH OF LIFE

Medical experts fear that the public, or a large part of it, is in some confusion about the increased duration of life in the past forty or fifty years. Several authorities have taken occasion recently to point out that the increase in longevity about which so much has been written and said does not mean that years have been added to the maximum longevity, but that the average span of life has been lengthened by many years.

Adaptation
Dr. Morris Fishbein, editor of the Journal of the American Medical Association called attention to this in an address some time ago at the convention of the association in Portland, Oregon. He said that since the earliest times, man has been seeking a "fountain of youth" whereby he might add to the years of his life, but that the quest has been unsuccessful. Moreover, he said, there is little likelihood that it ever will be successful.

10-9-29
More recently, at the convention of the American Public Health Association at Minneapolis, warnings against popular misapprehension about increased longevity were sounded. It was again pointed out that when it is said the span of life has been lengthened by twenty years in the last half century it means only that infants today have a life expectancy of twenty years more than they did fifty years ago.

Money money
The increase in the average span of life has been brought about largely through the success of medical science in combating disease among infants and children, improved sanitation, better standards of living and probably the lower birth rate.

In an instructive editorial on the subject, The New York Times says:

With the years the marginal gain in life expectancy shrinks, until at the age of 40 the chances of long life are no greater than they were fifty years ago. Indeed, since the year 1920 there has been a slight decline in life expectancy at 40. The death rate from degenerative diseases is rising. Hard-boiled Tories and enthusiastic eugenists say that we succeed in saving weaklings from diphtheria and scarlet fever in order to pile up a harvest of heart disease and cancer. At any rate, it was stated at Minneapolis that the maximum span of life may be placed at 80 and seems to be "fixed by the nature of man himself;" and at the present moment only one person in about 175 of the population is 80 years old.

If prolongation of the individual life span has been insignificant, the gain in mass life has been obvious. The rapidly declining mortality rate means that death is a far less frequent visitor in the community and the family than it used to be. The death rate for the United States registration area in 1880 was almost 20 per 1,000 of the population. In 1926 it was 12.2 per 1,000. This means that in a group

of 1,000 people today there are in the course of the year two funerals where fifty years ago there would have been three. Among a population of 1,000,000 the spectacle of death is presented 1,200 times a year instead of 2,000 times. In an imponderable but very real sense the "presence of death" is much further removed from us. It obviously colors existence much more deeply for the inhabitants of Greenland with a rate of 40 per 1,000 than in England and Wales with a rate of 11.7. Concretely, we realize it in the change from the days when children swarmed in the house and the undertaker was a regular visitor.

All this is quite true, and it is well to call attention to the facts, lest the public be misled by the talk of greater longevity. At the same time, however, medical authorities should take care not to minimize the accomplishment that has been made in lengthening the average span of life. Even if we have not increased the maximum span of life, we have, within less than a century, doubled the average span, and that is a very remarkable thing. It is probably a more important achievement than would be the adding of a few years to the maximum span of life.

Institutions Work For Health in the Rural District

Adaptation
TUSKEGEE INST., Ala., July 26.—(ANP)—Tuskegee Institute of the United States Veterans Hospital, located near here, and the United States Agricultural Extension Service are cooperating in the promotion of a series of health campaigns among the rural people of the State of Alabama. Under the direction of T. M. Campbell, associate agriculturist in charge of extension work in seven southern states, weekly tours have been organized, to carry lecturers and demonstrators on public health to the farmers' doors.

10-13-29
Dr. Eugene H. Dible, medical director of Tuskegee Institute, and Drs. Prince P. Parker and W. F. Howard of the Veterans Hospital staff join with the doctors located in the various communities in the crusade for better health. These are assisted by rural public health nurses from the extension service, the state department of health, and the Alabama Tuberculosis Association who demonstrate as the physicians lecture. Others interested in public health who have participated in these campaigns include William H. Carter, treasurer of Tuskegee Institute, and Russell C. Atkins, director of the Institute Department of Agriculture.

Rural Sanitation, personal hygiene, tuberculosis, maternity, child

welfare, and hygiene are among the topics presented at the various assemblies.

Stress Sanitation

"The problems of rural sanitation and maternity are of fundamental importance in any effort to improve health conditions among our rural people," Dr. Barker states. "The sanitary status of the home is the environment in which the child is conceived, born and reared. If all babies were well born in sanitary homes, their death rate would be negligible."

Demonstrations in the care of the teeth, fumigation, spraying for insects and home hygiene are given by nurses.

These health campaigns are of far-reaching influence Mr. Campbell believes. "If we can get just one home in each community we visit to screen against flies and mosquitoes and take other health precautions, other homes will soon follow suit and our efforts will have been fully justified. We are seeking to impress the people with the economic and social value of good health; to let them know that a sick people cannot enjoy that more abundant life which is the birthright of every person."

Health Officers Here Monday Tenth Annual Conference Program Arranged

Health officers of Alabama will meet in Montgomery Monday for their tenth annual conference at the auditorium of the State Department of Education. The meeting will continue through Wednesday. Every officer and several members of the board are expected to attend.

10-13-29
A symposium on the coordination and cooperation between state departments working for the health, education and social welfare of the people of the state will be the principal feature. It will be held Tuesday at 2 p. m. with Dr. Stuart Graves, acting state health officer, presiding. He will represent the State Board of Health. Dr. A. F. Harmon, state superintendent of education, will speak for the State Board of Education; Mrs. A. M. Tunstall, the State Child Welfare Department and Miss Helen Johnston, state home demonstration agents.

Another feature will be a discussion by W. H. W. Komp, associate sanitary engineer of the United States Public Health Service, Washington, of the use of plasmochin, a synthetic drug, in the prevention and treatment of malaria. He will speak Wednesday at 9 a. m.

All members of the staff and several national health authorities will appear on the program. Among the latter will be Leshe C. Frank, sanitary engineer in charge of milk investigations of the national health organization; Dr. A. E. Keller, assistant professor of public health, Vanderbilt School of Medicine, Nashville; Dr. W. K. Sharp, Jr., of the United States Public Health Service and director of county organization of the Tennessee State Board of Health and Mrs. Elfreda Caldwell, research associate of the Rockefeller Foundation.

The opening session Monday will be devoted to addresses by Gov. Graves, Dr. R. S. Hill, acting chairman of the state board of censors, Dr. Graves and Mr. Frank.

Communicable diseases will be discussed by the health officers Tuesday and Wednesday will be given to discussions of technical subjects.

Health - 1929

DEMOCRAT
LITTLE ROCK, ARK.

SEP 25 1929

**ARRANGEMENTS ARE MADE
FOR NEGRO BABY CLINIC**

**Doctors and Nurses are Selected for
Service During State Fair Week
Next Month.**

Arrangements for the negro baby clinic at the State Fair, which will be held all through the week, were made yesterday at a meeting of the negro Pulaski County Dental, Medical and Pharmaceutical Association. On the first and fourth days of the fair, Mosaic hospital nurses will be in charge. Royal Circle hospital will furnish the nurses on the second and fifth days, and United Friends hospital on the third and sixth days.

Four doctors for each morning and four for each afternoon were designated from the following list: C. J. Perkins, G. W. Hayman, W. O. Foster, J. V. Jordan, A. H. Brown, J. O. Hickman, F. B. Coffin, F. C. Goodwin, J. G. Thornton, J. M. Robinson, Leroy Williams, H. A. Powell, A. Hicks, L. Routen, E. M. Washington, R. J. Meadows, W. B. Black, C. M. Auter, G. S. Carter, C. W. Hill, G. B. Williamson, C. B. Nicholson, G. W. S. Ish and E. W. West.

Officers of the association elected at yesterday's meeting are: President, Dr. J. M. Robinson; vice president, Dr. C. J. Perkins; secretary, Dr. F. C. Goodwin; treasurer, Dr. R. J. Meadows; Executive Committee, Dr. G. W. S. Ish, Dr. W. O. Foster, Dr. J. V. Jordan, Dr. H. A. Powell, Dr. J. G. Thornton.

Seeks Medical

for Needy in Arkansas

Pine Bluff, Ark., Aug. 23.—Years of observation in Arkansas have led Dr. S. C. Coleman, prominent physician of this city, to launch a movement to bring medical relief to people without money to pay for treatments. Dr. Coleman is president of the United Charities and the United Association of America, with offices at 211½ State st. which has for its purpose the establishment of a hospital and clinic to be located in this city for the care of our citizens. The association is seeking to secure state aid and financial assistance from philanthropic citizens of both races in this state and elsewhere. "There are more than 15,000 of my people in Arkansas who have no place to go to seek free medical treatment. There are no clinics in the state open to these people, who are contributing to the progress of Arkansas. The majority of these citizens do manual labor which is essential to the welfare of Arkansas.

"Many of them are incriminated solely because they have no place to seek assistance during illness. The hospital and clinic we propose to erect will aid these uncared-for people and the state at the same time," stated Dr. Coleman. The associa-

tion movement bears the indorsement of Gov. Harvey Parnell of Arkansas, the Chamber of Commerce and the United Charities of Pine Bluff, besides many influential citizens throughout the state. It is planned to examine the public school children and adults to safeguard the public against disease.

Arkansas.

Health - 1929

California.

Negro Menace

The latest decalration of the menace of a growing Negro population to white civilization and supremacy comes from Prof. Samuel H. Holmes, a professor of zoology at the University of California and a supposed reputed authority on eugenics.

3/23/29
Los Angeles
Calif.
Vol. 11
According to reports, Prof. Holmes bases his assertions on the fact that the Negro death rate is decreasing while his birth rate is increasing. To Negroes all over the country this will be a very encouraging thing, for only a short while ago that echo of William Randolph Hearst, Arthur Brisbane, made a contrary announcement which greatly discouraged us, not so much because we thought that we were dying out so fast as because we felt that white supremacy would soon be deprived of all of its footmen, chauffeurs, waiters and cooks, and there would be no one over whom it could reign supreme and by whom it could be tested. Consequently, it would be just what it would be—neither superior nor inferior!

But Professor Holmes has reversed the situation. The physical and spiritual glory of whiteness is still to have material for its test, and will have it more abundantly, according to his "findings". Hence, it must assert its superiority (1) by denying to Negroes a higher birth rate and (2) by reverting to the methods of primitive inferiority, if necessary—the methods of "exposing children to die and . . . killing the aged and unfit."

Holmes is a professor of zoology and he is evidently used to dealing with animal classifications. He believes that America is a country of races and not

of men, since his methods of preserving white supremacy would have Negroes and whites in this country "continue to grow side by side as separate racial entities without complete intermixture." It is possible that he knows zoology, but it is obvious that he does not know all of it, for sociology is one of the subsiences of zoology. And, certainly, if he knew his history well he would have hesitated before talking such rot.

We suspect that his compulsory birth control law would work with the same startling efficiency as the laws against

racial intermarriage. Mulattoes continue to be born in spite of them! The two races have been, and still are **geographically together**, though they are mechanically asunder. No mechanical law will ever circumvent the force of natural law. History has time and again asserted and confirmed the fact that any continued geographical associations of men will eventually mould them to a common society. Let this autohrrity on zoology ask any **honest** and **well informed** historian.

As a scientist, Holmes is an alarmist who would command legislatures to fit his "**scientific**" notions. He should be classed with Lothrop Stoddard, Madison Grant and Grove Samuel Dow.

Health - 1929

D.C.

HOWARD DENTAL COL-

LEGE TREATS 3281 PUBLIC SCHOOL CHILDREN

Pacific
4/4/29
Los Angeles
Calif
The Dental College of Howard University has treated 3,281 public school children of the District of Columbia since acquiring new facilities, made possible in the reconstruction of the building formerly occupied by the School of Medicine. These children come from eighteen different schools and are treated free of charge, except a small fee to cover material, when such is needed.

The work is done under the supervision of a large corps of instructors, most of whom are practicing dentists, others being full-time professors. Two registered nurses are regularly employed, and physicians are immediately available in cases of extremely nervous nature.

The department is preparing a booklet setting forth reasons for choosing dentistry as a life's work, and the splendid facilities afforded for a dental education at Howard University.

NEWS
INDIANAPOLIS, IND.

JUN 6 1929

MILK DRINKING RATIO

[Department of Agriculture Bulletin]

A survey of milk consumption by 7,500 Washington families having children of junior high school age, shows that the larger families in this group drink less milk a person than is drunk in the smaller families, announces the bureau of agricultural economics, United States department of agriculture.

The bureau's survey covered twelve junior high schools and two upper grades in four elementary schools in the District of Columbia. The average per capita consumption for 7,500 families having children in these grades was found to be 1.05 pints of milk and milk equivalent of cream a day. Separated as to white and colored groups, the per capita consumption by white families is 1.15 pints a day, and by colored families .84 pints a day.

The figures show that of the total

group, 195 families composed of only two persons drink an average of 1.68 pints a person daily; 933 families of three persons, 1.38 pints; 1,507 families of four persons, 1.24 pints; 1,479 families of five persons, 1.1 pints; 1,197 families of six persons, .98 pints, and so on in lesser amounts as the size of family increases.

This decreased consumption in proportion to the size of the family is more pronounced in families which have a relatively large number of children than in families which have a relatively large number of adults, and the conclusion is drawn that financial conditions of the family are largely responsible for this situation. In many cases, however, it is believed that the smaller consumption in the larger families is due to a lack of appreciation of milk in the diet.

WASHINGTON, D. C.

STAR

OCT 16 1929

HEALTH PROGRAM FOR COLORED RACE

**Rosenwald Fund Provides
Hospitals Specially Staffed
for Disease Treatment.**

Efforts of the United States Public Health Service and the Julius Rosenwald fund for co-operation to better the health of the Negro have resulted in a national program for the establishment of hospitals staffed entirely or partly by Negroes and the treatment, in selected communities, of every individual victim of specific diseases.

Dr. Taliaferro Clark, veteran public health official, who recently returned from Europe, where he was in charge of all public health activities, has been appointed by the fund's board to draw up a comprehensive plan for the project.

Dr. Clark said that the program should result in better health, greater service, respect and better citizenship on the part of the colored race. One phase of the work, he said, is to give better medical service by training colored physicians and nurses. Dr. Clark will co-operate with Dr. M. M. Davis, director of medical service for the fund, and will carry on the work along with his duties in the Public Health Service.

"State health authorities are expected to co-operate in the program," Dr. Clark added. "We are starting in the South, but the effort is to include the entire country, particularly the great

To the average layman health statistics mean very little, but to everyone health is very real and personal problem. It reaches every citizen in some manner in both direct and indirect manifestations almost daily. The

every citizen in some manner in both direct and indirect manifestations almost daily. The significance of a statement from the U. S. Department of Commerce, listing the principal causes of death in the United States during 1928, and in an article by Samuel Auerbach in the December *Opportunity* dealing with medical quackery and its dangerous effects, is therefore not to be overlooked.

The country as a whole, according to the Department of Commerce's figures, showed a higher death rate in 1928 than in 1927. The quack is as indefensible as the most unostentatious quack.

increase in the death rate was found to be . . . That some people are prone to accept the
from the following principal causes, all of ministrations of men who make such claims
which claimed a higher percentage of lives as one did who said that he could cure al
last year than the year previous: diseases of diseases because he was "born on Good Fri
he heart, cerebral hemorrhage and softening day, under the sign of the Seven Stars, with
nephritis (Bright's Disease), diabetes mel my mouth full of teeth, and haven't eve
itus, cancer, influenza, and pneumonia. Th seen my father," is merely proof that ther
deaths from these causes accounted for mor is much work to be done before the death rat
han half the total number of deaths from a becomes a normal increase of deaths ove
causes. Increases in rates were shown als births.

from measles and pellagra. 2-14-29

The accidental death rate also increased "Education," as Mr. Auerbach concluded "is one of the most strategic methods of combating quackery. Negro ministers, physicians, editors, educators, and social workers can cooperate in the solution of this difficult problem by advising and guiding those with whom they work." Perhaps if this is done and complaints against quacks are made to the proper authorities we shall see even more satisfactory improvement in the health of the nation as a whole, for illness, death, quackery, and superstition are not confined to any one race.

Shocking

That the Negro is getting healthier, to judge by his separate death rate, while the country as a whole shows a higher toll of deaths from the ravages of disease, is a matter for commendation. But the improvement is only relative. This paper recognizes the complexity of the factors that, outside of actual or supposed susceptibility of disease, make for the better or worse health conditions and make no attempt to do more than suggest to health authorities and general practitioners that an important and imperative work, most of a preventative, lies ahead of them.

We still have a long way to go. Although many malignant diseases exacted a smaller death toll, still the commonly-known diseases which show an increase of deadliness are enemies to be fought tooth and nail.

It takes no professional physician or public health and welfare officials to recognize and fight against quackery and its high priests—the charlatans, or against the ignorance of facts and superstition that allow him to

hrive on unwitting sufferers. "In spite of age-long combat," as Mr. Auerbach says the charlatan, the quack, "remains a factor to be reckoned with in present-day medicine."

Among the fakirs are listed "specialists for men," "hoodoo doctors," "witchcraft professors," "evil-eye specialists," "herbalists," and "hypnotists," "medical institutes" or "clinics," "remedy companies," laymen-owned "medical offices and "institutes," and "free advice for men and women" bureaus. Many of these quacks are known to conduct their nefarious and misleading business in an elaborate way, but it is unnecessary to observe that basically the elaborately operating quack is as indefensible as the most unostentatious quack.

That some people are prone to accept the ministrations of men who make such claims as one did who said that he could cure all diseases because he was "born on Good Friday, under the sign of the Seven Stars, with my mouth full of teeth, and haven't even seen my father," is merely proof that there is much work to be done before the death rate becomes a normal increase of deaths over births.

"Education," as Mr. Auerbach concluded "is one of the most strategic methods of combating quackery. Negro ministers, physicians, editors, educators, and social workers can cooperate in the solution of this difficult problem by advising and guiding those with whom they work." Perhaps if this is done and complaints against quacks are made to the proper authorities we shall see even more satisfactory improvement in the health of the nation as a whole, for illness, death, quackery, and superstition are not confined to any one race.

Shocking High Cost Sickness

500,000 Negroes In South Seriously Ill All The Time

Washington, D. C., Dec. 17—Recently the Literary Digest of New York called attention to the fact that \$10,000,000,000,000 a year, one-ninth of the annual income of the United States, goes to pay for illness or to repair damages inflicted by it. This comment was based upon an article entitled "The Economics of Medical Service," contributed to The American Journal of Public

Health. So large a proportion of 600 might be saved by proper precautions.

Huge Economic Losses
Combining the sickness and work to overcome the ravages of leaths among southern colored peo

Dr. Rankin, director of the Duke Endowment, in the article referred to, states: "The average individual between the cradle and the grave spends one-fourth of his time in bed because of incapacitating illness. The average worker loses

... 2 per cent of his time, a fraction forces in an effort to rid the nation more than seven days a year, be-tion of the evils that produce dis-ease of incapacitating illness, ease and suffering. Sometime ago

Disease Costs U. S. Ten Billion—It was estimated that, taking New York City, for instance, that the people of the United States are paying for the treatment of disease not less than \$2,500,000,000 a year or approximately \$100 per family. In addition there is an estimated annual loss of \$2,000,000,000 as a result of decreased wage bills, etc., \$1,500,000 a year; fun earning capacity. And there is a further loss of permanently interrupted wage-earning capacity through postnoble deaths, estimated conditions, \$2,000,000.

estimated to be \$6,000,000,000, making The National Benefit Life Insurance Company, with a knowledge of the total annual cost of disease to the people of this country, \$10,000,000,000. The total annual income of the United States is about \$90,000,000,000. The National Benefit Life Insurance Company, with a knowledge of these facts in mind, has boldly brought about common sense teaching in the matter of the preservation of life.

It is because of this tremendous suffering of National Beneficence
tax upon the ability of the people called attention to certain funda-
to pay that the National Beneficence facts which bear upon the
Life Insurance Company was re-subject of health. "We must ac-
cently led to issue a booklet, en-compassed sense," said he, in con-
titled "Health Comes First" The mentioning upon the above figures re-
colored people of the United States relating to what sickness costs us in
pay sums very largely beyond the the United States, in the treatment
amounts they should be spending for of the machine which is the body
that purpose, as is true of the "Just as the individual family is
whole population of the United States handicapped when it numbers more
States. For instance it has been sick people among its members than
estimated that in the South in its neighbors, so is that nation of
states alone 500,000 colored people race handicapped, which carries the
are seriously ill all the time. This burden of a greater proportion of
means the loss of eighteen working sick and ailing people and a higher
days in the year for each colored death rate. Nothing is of more
inhabitant. The annual loss in importance to the Negro race than
money thus represented is placed the health of its members. More
at 75,000,000 for the 500,000 sick widespread information upon the
members of the race. The dread simple laws of health and increas-
disease tuberculosis is reaping a ed observance of them will not only
heavy toll among us. Statisticians add to the sum of individual happi-
are claiming that 600,000 Negroes ness, but to the advance of the
of the present population will die race.
of this "white plague" when 150-

Huge Economic Losses

These fundamental facts that National Benefit has prepared its health booklet which deals directly with the most important of the means to health—bodily maintenance and repair (right foods), elimination of waste (the bowels), guarding against self-infection (the teeth, etc.), cleanliness, fresh air, exercise (the lungs). Most preventable disease is the result of bad family living habits in one or the other of these vital points."

The great insurance companies of the United States are devoting themselves to this subject of the preservation of health because they appreciate the fact that a large percentage of the American people is not receiving the medical care that that they should either as individuals or as units of society. The mounting cost of medical care can only be met by the prevention of unnecessary diseases or through organized medical service. The National Benefit organization is doing a necessary work of this character among its policyholders, and is of its booklet on health to reach the great masses of the colored people as well. They quote a Negro writer who observed with bitterness that the colored people from Houston to Harlem do not treat their health properly, and so much to defeat the onset of disease.

"There is no subject at this time on which our ministers, our editors or our welfare workers may devote themselves with a greater assurance of dividend rewards than this subject of health," Mr. Rutherford said, in summing up his comments on "What Sickness Costs Us."

a) The alarming facts with respect to the cost of disease among us should arouse every agency to devote itself from an economic angle, if from no other, to bring about curtailment of wide spread economic and social losses from preventable illness.

NEGROES GROWING HEALTHIER

"The current decade and the immediate years ago) as well as for all causes com-
bined, gains have been experienced re-
sulting in a substantial improvement in the life span of the colored people, regardless of color and age. Other studies
both white and colored Americans. But have shown that improvement has also
been achieved in childhood, in adolescence and in early adult life, where the gains have been
greatest, the drop in the death rate in both the rural and urban population
of the colored people has almost matched that of the white. At all ages combined,
and after age 25, the improvement for Negroes, substantial as it is, approxi-
mates only one-half that for the whites.

Thursday, December 11

AIDING NEGRO DOCTORS

The announcement that John D. Rockefeller and Julius Rosenwald have backed a \$3,000,000 program for training Negro doctors shows that these two wise philanthropists know how to meet a real need. The improvement in the health of the Negro is a matter of national concern. The States and local governments are awake and doing more and more, but leadership by trained Negro doctors is essential.

"The greatest single factor in the improvement of the mortality rate of the Negro during this period has been the decline in the death rate for tuberculosis. While the gain for all causes combined was 17.3 per cent, that for tuberculosis was 44.7 per cent. With respect to this disease, the gain for the colored approximates three-quarters that for the whites. In childhood, each race made about the same amount of improvement, and each, by 1927, has more than halved the death rate of the three-year period 1911-1913.

"Thus, for tuberculosis (which was the chief cause of death for each race twenty years ago) as well as for all causes combined, gains have been experienced regardless of color and age. Other studies have shown that improvement has also been achieved regardless of economic condition, in all sections of the country in both the rural and urban population and in virtually every branch of industry. These facts were taken from a bulletin issued by the Metropolitan Life Insurance Co., New York.

Raleigh, N. C. News and Observer
Thursday, December 19, 1929

AIDING NEGRO DOCTORS

The announcement that John D. Rockefeller and Julius Rosenwald have backed a \$3,000,000 program for training Negro doctors shows that these two wise philanthropists know how to meet a real need. The improvement in the health of the Negro is a matter of national concern. The States and local governments are awake and doing more and more, but leadership by trained Negro doctors is essential.

Health - 1929

General

NEGRO INFANT DEATHS

By having set aside Wednesday, May 1, as Child Health Day, President Hoover has directed attention to the appalling number of deaths of infants under one year of age.

In the number of deaths of Negro infants under one year of age, Charles E. Hall, Statistician of the Infant Mortality Commission of the I. B. P. O. Elks of the World says that the latest available statistics, from States whose death registration figures are accepted by the United States government, show that South Carolina leads all other States in the number of Negro infant deaths. North Carolina is a close second and is followed, in the order named by Mississippi, Alabama, Virginia, Louisiana, Pennsylvania, Tennessee, Florida, New York, Maryland, Ohio, Illinois, New Jersey and Missouri.

The Commission on Infant Mortality, which was appointed by Grand Exalted Ruler E. Finley Wilson, has been making a nation-wide study of conditions which take such a heavy toll of colored infants, and as a result of its investigations and recommendations, a great many lodges now have a Health Committee which cooperates with local Health Boards in an effort to reduce the excessive death rate of Negro infants, also the high death rate of our adult population. In several cities our Elk lodges have petitioned and have had appointed a colored physician on the local Board of Health. In other cities "health units" have been organized by Daughter Elks. These units meet once a week and receive instruction in first aid treatment, preventive measures, care of the sick, home-nursing and welfare work. They are doing splendid work with "Charity" as their motto, and "Ever Ready" as their slogan.

It is through such activities that the I. B. P. O. Elks of the World contributes to the welfare not only of the fraternity, but also to that of the Race. It was the first fraternal order to seriously and constructively take up the very important matter of health conditions.

Racial Problems

THOSE who appreciate the magnitude of American racial problems cannot fail to be gratified with multiplying signs of progress among the negro people. The colored constitute nine per cent of our population, and, as the Secretary of the Interior says in his last annual report, the welfare of so large a group "is of the first importance not only to the nine per cent but to the ninety-one per cent also." Perhaps the most notable and tangible single feature of improvement among negroes has to do with the basic factor of health. Prof. Samuel J. Holmes, zoölogist, in a recent report, points out clearly the strides which negroes have made in health; and similar facts are brought out in detail in a recent statistical bulletin of one of the life-insurance companies.

This company has two and a half million negroes among its policyholders, and from 1911 to 1927 their mortality rate fell 17.3 per cent. Expectations were that in 1928 heart

disease would, for the first time, replace tuberculosis as the chief cause of death among the colored. 3-23-29

It is true enough that total health gains among whites have far exceeded those among the colored. But negro gains are indeed striking when it is considered that not much more than twenty years ago extreme pessimism was expressed as to the future of the negro in America, and there were even sober predictions that his race was headed for extinction. As a report of the life-insurance company previously referred to says:

"During a period in which we have had a World War, two great pandemics of influenza and a great migration of negroes from the farms of the South to the cities of the North, the colored race has registered a declining death rate. Colored men who left the South exchanged, for the most part, agricultural work for fields of labor in which the negro brought up in a rural environment was not expected to thrive. Many of these migrants suffered seriously from inadequate housing. Were it not for this migration, the improvement in mortality would certainly have been much greater."

In any case, with the cessation of immigration it begins to look as if negroes might multiply, even in the North, more rapidly than whites. During the past decade in New York City negro population has increased four times as rapidly as the white. It is probable that nearly one and a quarter million negroes moved from the South to the North between 1915 and 1928, although not all remained. The conditions are plainly such that the economic and social advancement of the negro, as well as his physical condition, becomes of the first importance.

Tremendous progress economically, educationally and culturally is taking place. Since 1917 there has been a gain of 550 per cent in the number of negroes in colleges. For every 10,000 negroes, fifteen are attending college, as compared with ninety whites among the same number. More medical, dental and other technical education is needed, and the negro business man still lacks anything like as much training for his work as the white business man has. But the opportunities are increasing.

There are sharp differences of opinion concerning the direction which negro development should take. In these questions we need not enter. As to the type of work for which he is best fitted or the most suitable education there is bound to be disagreement. But there must be sent to the self-evident proposition that economic educational advances on the part of the great negro population are a continuing necessity. Only two-thirds century ago these people were slaves. They must upon the prosaic but solid basis of economic strength have adequate fitness to do their work. Only upon this basis will either white or colored ever be able to answer to the more baffling questions of race and of unequal political status.

REPORTS ON STUDY OF NEGRO CHILDREN

Public Health Service Checks Up on Condition of 5,000 in Southern City.

GIRLS TALLER THAN BOYS

Third of Entire Group Had Abnormal Tonsils—Incidence of Heart Defects Low.

An intensive study of a group of more than 5,000 negro school children from 6 to 14 years of age, conducted by the United States Public Health Service in a Southern city, has brought out many interesting facts. It is believed by the Health Service authorities that the group studied is sufficiently large to be a fair sample of urban negro school children. It is also believed that the characteristics noted in this group probably would be found to be fairly representative of urban negro school children in general.

The following statements, according to a recent Health Service bulletin, appear to be warranted by the data obtained:

After the age of 8 or 9, negro girls are taller than negro boys, both in standing and sitting height, through the fourteenth year. Between 10 and 11 the weight of the girls exceeds that of the boys and remains higher through the fourteen-year period.

The differences in chest diameters are small; the girls have a slightly broader chest than the boys after the age of 11, but in depth of chest the girls are lower than the boys. The younger girls have a smaller chest than the boys, while the older girls have a slightly broader chest, though less deep, than that of the boys.

The height and weight curves of urban negro children studied in relation to age and sex within each group are similar to those found by investigators of rural negro children.

The rural negro children of school age studied are generally slightly taller than the urban negro children group under consideration of the same age. At all ages and in both sexes the rural negro children are heavier than the urban negro chil-

dren.

The growth relationship of the sexes in the white and negro races in the groups studied is different. Negro girls exceed negro boys in height much earlier than white girls gain this advantage over white boys, and they maintain their advantage longer. In weight, negro girls tend to become heavier than negro boys slightly earlier than the white girls outweigh the white boys; their excess in weight over the boys is decidedly greater than in the case of white girls and boys, and up to 14 years of age they show no tendency to return to the male level of weight. In breadth and depth of chest the relationship of the sexes is also different in the two races.

White Boys Taller and Heavier.

After the age of 6 the white boys from a group of Southern cities are generally slightly taller than the urban boys studied. In weight the white boys are heavier than the negro boys, except at 6 years of age.

In breadth and depth of chest the negro boy has a very slight advantage over the white boy. There is little difference in the size of negro and white Southern city boys, except in the height and weight of the older

boys, where the white boys have the advantage.

In the matter of height the negro girls are generally slightly taller than the white girls. The older negro girls are heavier than the white girls of the same ages and have slightly broader chests at all ages.

When slight and unimportant defects are included, this negro group showed an average of 5.9 defects per child. The average was slightly less than 2 when only the more important defects were considered.

Thirty-one per cent of the children were entirely free from dental caries. More girls than boys had perfect teeth up to between 13 and 14 years of age, after which the boys are in excess. In an additional 33 per cent of the group there were only one or two defective teeth present, and in some instances the amount of caries was very small. Hence, 64 per cent of the children either had excellent teeth or teeth that might be classified as good.

Almost a third of the children had tonsils which were considerably enlarged or diseased or both. A little over 4 per cent had had the tonsils removed. Probably the removed tonsils were defective, and these would increase the number of defective tonsils to more than 36 per cent. Adenoid vegetations were present in almost 15 per cent of the children, this defect being practically twice as prevalent among boys as among girls.

Moderate and severe flat foot combined rises from 7.47 per cent in the six and seven year group to 16.81 at 14 and over. There is a striking preponderance of flat foot among the girls.

The incidence of skin disease is low. Boys are twice as frequently affected as girls.

Few Heart Defects Found.

The incidence of heart defects is also low, and girls are more affected than boys, except in the two younger groups. There were thirteen boys and ten girls in the two younger

groups and seventeen boys and twenty-nine girls in the three older groups, giving the girls a total excess of 30 per cent. There is possibly some relation between the comparatively low incidence of rheumatism in the South and the low incidence of heart defects among these children.

Two bony evidences of rickets were found in 12.69 per cent of the children. Single bony changes were noted in larger percentages, but the comparative mildness of rachitic deformities was striking.

The more important physical defects were more numerous in the lowest intelligence groups. However, the fall in the number of these defects with a rise in the intelligence quotient was by no means consistent, and no definite conclusions can be drawn from such data.

Forty-five per cent of the negro group were in a state of good or excellent nutrition as judged by clinical evidence, 35 per cent fair and 20 per cent poor or very poor. There were about one and one-half times as many well-nourished children in the oldest age group as in the youngest. Poor nutrition is more evenly distributed through the age groups.

In the matter of good nutrition the girls have a decided advantage over the boys in every age group. Poor posture as judged by the examiner is much more prevalent among the girls than among the boys. This is particularly true of the older girls.

Slender build as observed in this study has a higher incidence in the group than heavy build, and there are more slender children among the boys than among the girls. Heavy build increases with age, while both slender and medium build decrease with age.

Most of the children of heavy build were in a state of good nutrition, but in the good nutrition group there were about the same percentage of slender and heavy build children, the remainder of the group being made up of those of medium build.

The child with poor posture is more likely to be found among the poorly nourished than among the well nourished, but many well-nourished children have poor posture. Heavy build seems far more likely to be associated with poor posture than does slender build.

Our Life Span

WHILE it is important that the Negro be impressed with the fact that his death rate is disproportionately high, he may take courage from the fact that year by year material improvement in his life span is witnessed. Mortality figures recently released by the statistical department of the Metropolitan Life Insurance Company point out that the current decade and the immediately preceding one have witnessed a drop in the death rate of Negro childhood, adolescence, and early adult life almost matching that of the white. Between 1911 and 1927, the Metropolitan Life report states, the mortality rate of the race dropped 17.3 per cent.

The report calls attention to the fact that while some years ago many students of Negro health conditions predicted that the American Negro was headed for extinction, instead he has shown a declining death rate even during a period in which a World War, an influenza epidemic and a great migration of Negroes from the farms of the South to the cities of the North have been witnessed. The belief is expressed that had not this period of readjustment of a large part of Negro life from a Southern to a Northern climate, and from an agricultural to an industrial existence, made a heavy death claim upon the race, its mortality rate would have shown even greater improvement.

It is interesting to note that the figures released by the Metropolitan Life Insurance Company for the whole country, parallel those contained in the report of our local health director. For instance, Dr. Schenck's report for May shows that the month the white death rate for the city was approximately half that of the colored, the figures being, white, 6.5 per thousand and colored, 12.9 per thousand.

The fact remains, however, that the Negro death rate is still disproportionately high. At all ages the improvement for the Negro is just about half that of the white, the period between 1911 and 1927 witnessing a drop of 17.3 per cent among the colored as compared to a drop of 31.16 for the white.

Many factors contribute to the race's high death rate, but chief among these are ig-

norance and economic disadvantages, with emphasis on the latter. As long as economic exploitation and race prejudice combine to consign the masses of the race to ghetto and unsanitary tenement areas, its high death rate will remain one of the crowning stigmas to boasted democracy. Poverty, disease, and early death are so closely allied that the most reasonable hope for improvement of the life span must be based upon hope for the economic improvement of the condition of the masses. For this reason, it can be seen that aside from personal ignorance, man's social relations to his fellow and the relation of

government to all have much to do with the life span and health of the people.

Health - 1929

MOON-JOURNAL BATTLE CREEK, MICH.

JAN 25 1929

BEWITCHED MOTHERS.

Witchcraft in these modern times is not confined to Pennsylvania. It is said to prevail, to an extent almost incredible, in the amateur care of the sick. This is especially true in childbirth cases.

An official of the Children's Bureau reports that a recent survey of 34 states revealed 225,000 untrained midwives. This is bad enough in itself. But consider the import of the following statement:

"Most of these were negroes in the southern states. They were

ignorant and superstitious. In some instances they provided no medical care. They relied solely on fantastic charms amounting to witchcraft."

As a result, the American death rate in childbirth is said to be the highest in the world.

Superstition is probably associated more generally with childbirth than with any other form of illness. Hundreds of thousands of mothers in this enlightened country suffer every year from practices based on old wives' tales, going back into the dark ages, instead of having the benefit of modern medical service.

This condition is by no means confined to the southern negro population, and to whites in remote rural communities. It is found to an appalling extent among the foreign population of big cities, and among native white communities in various sections. And this in spite of immense progress made by the medical profession in the handling of maternity cases.

Here is a problem considerably more important than a good many of the political problems people argue about.

NEGRO HARDY IN NORTH, SAYS HOLMES

Births Now Outnumber Deaths
in Several Northern States,
Californian Points Out.

HIGH MORTALITY CHECKED

Death Rate Now Equals That of
Whites Thirty Years Ago,
He Declares.

Professor S. J. Holmes of the zoology department of the University of California in a recent report declares that the belief of investigators that the negro race would never be able to adapt itself to the rigorous climate of Northern United States, and that they were doomed to extinction by an extremely high mortality rate is without foundation.

Professor Holmes has studied mortality rates of the negro and of the white man in all parts of the United States where such figures are available in accurate form. He finds that the high mortality of the negro which prevailed even as recently as ten years ago is no longer in evidence. The colored population now has a death rate no higher than that of the white population thirty years ago, and is declining even more rapidly in some places. He says:

"It has been a commonly accepted conclusion that the negro cannot withstand the more rigorous climate of the Northern States. There are few negroes in the States bordering our northern boundary and still fewer in Canada. This conclusion has been supported by the fact that until very recently most Northern States and cities have had more deaths than births in the negro race.

"Formerly the negro armies have been marching north to their destruction. A study of the balance sheet of births and deaths in any of the States or cities of the North shows that deaths among the negroes have everywhere been more numerous than births. Pneumonia, tuberculosis, a high infant mortality and the various ailments resulting from ignorance and improvidence have taken so heavy a toll that even negro fecundity was unable to compensate

for the losses. Recently, however, the situation has begun to take on a new aspect.

"In several Northern States and cities negro births have become more frequent than negro deaths. The last two volumes on birth statistics, for 1924 and 1925, show more births than deaths in California, Connecticut, Illinois, Indiana, Maryland, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Utah and Washington, whereas in 1915 all these States in the registration area which had any considerable number of negroes showed, with the exception of Massachusetts, an excess of deaths over births."

In conclusion, Professor Holmes said:

"Possibly the negro is destined to form the relatively fecund stratum of our urban population which supplies a large share of our unskilled and partly skilled labor. By nature the negro is endowed with a physical constitution which is probably not inferior to that of his white compatriot. Although his racial heredity may predispose him to tuberculosis and pneumonia, there is evidence that he is building up a partial immunity to these diseases similar to that acquired by the whites.

"Hitherto the whites have increased much more rapidly than the negroes, but we should remember that up to the period of the great war we were receiving annually a large army of immigrants from Europe, and that these immigrants were a very prolific group. Had it not been for our immigrants and their immediate descendants the rate of increase of our white population would have approached much more closely to that of the negroes. Perhaps the future will see a larger proportion of negroes in the North than in the South."

Louisville, Ky., Courier-Journal
Saturday, December 29, 1928

STATE DEATH RATE HELD LOW

Mortality Among Negroes Is
Highest, But Total Is
Under Average.

4 STATES NOT REPORTED

The Courier-Journal Washington Bureau.
Washington, Dec. 28.—Kentucky's

mortality figures for last year when compared with those of the other States in the Federal vital statistics registration area, made public today by the Commerce Department, disclose that while the Bluegrass State's death rate for Negroes is the highest recorded, its death rate for the white population and its death rate for both races combined is lower than the average for the entire group of forty-four States that furnish such statistics to the Government.

Eleven of the States furnish mortality figures classified as between the white and Negro population. These States include nine out of the so-called Solid South, along with Kentucky and Maryland. The only Southern State not included is Georgia, which is one of the four States not yet embraced in the registration area. These are the States in which the ratio of Negro population is much higher than throughout the rest of the country. In this group of States, the Federal report shows that Kentucky had the highest Negro mortality rate reported last year. It reports twenty-one Negro deaths to each 1,000 estimated Negro population.

The total number of Negro deaths in Kentucky during 1927 was 4,423, or 384 less than in 1926, when its rate was 22.5 per 1,000 of colored population. The only place within the United States showing a higher rate than Kentucky was the District of Columbia, which reported for last year a total of 2,680 Negro deaths, or a mortality rate of 21.2. Deaths of white persons in Kentucky last year amounted to 22,786, or a rate of only 9.8 per 1,000 estimated white population, compared with a total of 25,145, or a rate of 10.9 during 1926.

The total number of deaths, both white and colored, reported by Kentucky last year, therefore, was 27,209. This placed the combined white and colored mortality rate of the Bluegrass State at 10.7, or below the average mortality rate of the entire group of forty-four States, which was 11.4. Among these individual States, only sixteen reported lower combined mortality rates than that of Kentucky.

Figures of deaths of mothers from childbirth, also made public today by the Commerce Department, show that for white persons Kentucky had the lowest mortality rate from this cause of any of the eleven States which classified the white and Negro reports separately, and that its rate for white mothers was lower than the total rate of any of the other forty-three States, except Minnesota.

Kentucky reported death of 308 mothers from childbirth last year compared with 354 the preceding year, or a rate of 4.9 per 1,000 live births compared with a rate of 5.8 during 1926. The total number of white deaths from this cause during 1927 was 264, or a rate of only 4.5, compared with 310 the preceding year or a rate of 5.5. In both years the number of Negro deaths in Kentucky from this cause was 44, or a rate last year of 10.9.

BIRTH RATE IN U. S. DECLINES IN PAST YEAR

Census Bureau's Figures
Show Death Rate
Increases.

Washington, July 22.—(P)—Decline in the birth rate of the nation and increase in the death rate in 1928 were shown in the census bureau's annual statistics published today. The birth rate was 19.7 per 1,000 of population, compared with 20.7 in the previous year. The death rate was 11.4 per 1,000, against 11.4 in 1927.

Statistics for the southern states follow:

STATE—	Birth Rate	Death Rate
Alabama	24.7	12.4
Arkansas	19.6	10.3
Florida	21.1	13.4
Georgia	18.5	11.2
Louisiana	21.2	12.8
Mississippi	26.8	14.5
North Carolina	27.5	12.3
Oklahoma	17.7	8.7
South Carolina	23.2	13.1
Tennessee	20.1	12.5
Virginia	21.9	11.7

The 1928 birth and death rate per 1,000 of population in the cities of the states include:

Albama.	Birth Rate	Death Rate
Albama	24.7	12.4
Birmingham	26.2	17.5
Mobile	20.9	16.9
Montgomery	17.6	17.2
Arkansas.		
Little Rock	17.7	22.9
Florida.		
Jacksonville	19.9	14.7
Miami	13.3	7.0
Pensacola	30.8	19.2
St. Petersburg	13.2	10.7
Tampa	19.9	11.5
Georgia.		
Atlanta	20.7	16.8
Augusta	20.8	22.8
Columbus	19.0	17.9
Macon	20.3	17.0
Savannah	17.7	17.7
Louisiana.		
New Orleans	23.4	19.2
Shreveport	18.3	20.2
North Carolina.		
Charlotte	18.2	13.6
Durham	27.7	16.5
Greensboro	23.4	14.3
Wilmington	22.1	16.2
Winston-Salem	25.1	13.0
South Carolina.		
Charleston	23.5	18.8
Columbia	23.3	29.5
Tennessee.		
Chattanooga	21.8	24.0
Knoxville	21.9	14.3
Memphis	22.6	19.7
Nashville	23.0	18.8
Virginia.		
Lynchburg	25.9	16.3
Newport News	13.5	7.8
Norfolk	13.0	10.3
Petersburg	15.8	16.3
Portsmouth	12.6	10.6
Richmond	19.0	14.5
Roanoke	26.5	14.1

Here Is Full Text of Report Which Makes Getting Jobs Difficult Here

What Employers Read About Negroes Coming from Dr. Thompson's T. B. Report

"Tuberculosis is rampant in the Negro section of the city and the forces of the board of health are inadequate to combat the disease."

—From Journal-Post, May 29, 1927.

"Where from 1 to 5 persons in a family are affected by the 'white plague.' Other members of the family to support them, are at work in private homes of the city, in stores and in factories."

—From The Star, May 29, 1927

All the Negroes employed in a down town business were discharged because one of their number died of tuberculosis, says a report last week. Race workers, especially the women, were discharged by the hundreds in 1927 immediately following the daily press story about the "Tuberculosis Survey among Negroes" made by Dr. Wm. J. Thompson. This latest report indicates that the reputation for tuberculosis given Negroes then still interferes with the race's employment.

Sickening Stories Without Foundation

The whole report of Dr. Thompson is given here with so that the race, already working twice as hard as ever to hold its jobs, may know in full the charges of virulent disease which cut off its employment. Dr. Thompson places the number of contact cases at one in twenty and he says again and again that the diseased mingle with the well in

homes, at church, in society, and at work. He even paints the picture of "scores of women who are in service with two to three children at home with tuberculosis." Another picture is "families with one to four members suffering from tuberculosis with a portion of the children in school and the other portion at home dying in filth from this disease."

There was no truth to Dr. Thompson's statement about working mothers leaving two to three tubercular children at home, and one to four tubercular children staying at home while the others in the family went to school. The Call, at its own expense, had the records of the Tuberculosis Society of Kansas City investigated, and found only one family, not "scores" where more than one was tubercular, and that one family had two sick children. Likewise the picture of women working in white home tottering to the grave while serving meals and dying in laundries was overdrawn.

Pictures Fit Only A Few

The Thompson report played up in pictures the north side homes where a few still live, and omitted entirely the modern structures which house 90 per cent of the Negro population.

It is full of contradictory statements, but its general import is what the daily press reported it to be in the paragraphs above quoted from their Sunday papers May 29, 1927.

Daily Press Furnished Copies

Dr. Thompson filled his report with scientific terms and signed himself "Assistant to Commissioner of Child Hygiene and Communicable Diseases. At the time he filed his report, he signed the city payroll, as "P. T. C. Phy," which the health department says means "Part Time City Physician" a city service to the poor for which it pays at the rate of \$1.00 per visit.

False Statements in Dr. Thompson's Survey

No One Would Have Believed Dr. Thompson Had He Not Been A Negro

1842 contact cases of tuberculosis. Absolutely impossible since that would make one citizen in twenty a case, men women and children. Hundreds of infected cases and cases of contact smuggled into society. A wild unproven charge.

Families have from one to four cases, a portion of the children in school, the others at home dying in filth. Disproved by records.

Scores of women in service with two to three children at home with tuberculosis. Disproved by records. More active cases today (May 1, 1927) than ever before. Official figures for the year 1927 showed 20 per cent reduction in deaths from tuberculosis.

Women with active tuberculosis serve meals to families and work in laundries. A stab at labor not warranted by facts from records.

Metropolitan Life Says

Negroes Are Healthier

NEW YORK CITY — (AP) According to the report of the Metropolitan Life Insurance company, the Negro race is growing healthier as years go by instead of becoming extinct as was at one time predicted

DEMOCRAT

Now, R. K.

MAY 8 1928

The Negro is not dying out. There has been a notion that the American Negro might become extinct but modern health improvement has shown that it is not true. Lewis Dublin at the recent inter-racial conference in New York says concerning this matter that the general death rate of the Negro is still about two-thirds higher than that of the white, but this excess is largely concentrating in the younger ages, and is due to causes which we understand. Further, there is something else to be considered. When the plan was brought before the American people to deport the Negro, it was learned that a ship had taken 600 back to Africa. Some people said: "The Negro problem is about settled." Then it was that an orator rose and said, "Do these people stop to consider that 600 Negro babies were born before breakfast that morning?" The Negro birth rate will keep that race from becoming extinct.

by statisticians and health experts some twenty years ago. This report which appeared in the Bulletin published by the company stated:

"The current decade and the immediately preceding one have witnessed material improvement in the life span of both white and colored Americans. But in childhood, adolescence and in early adult life where the gains have been greatest the drop in the death rate of the colored people has almost matched that of the white. At all ages combined and after age 25, the improvement for Negroes, substantial as it is, approximates only one-half that for the whites.

"Between 191 and 1927, the mortality rate of the Negroes at all ages dropped 17.3 per cent, as compared with 31.6 per cent for the whites. It is true that, by comparison, the improvement of the white policyholder has surpassed the health progress shown for the colored. But when we consider that it was not much more than twenty years ago when extreme pessimism was expressed

as to the future of the Negro in America, the gain he has made is impressive, indeed. Some students of Negro health conditions even went so far as to predict that the colored race in this country was headed for extinction. Instead, during a period in which we have had a world war, two great pandemics of influenza and a great migration of Negroes from the farms of the South to the cities of the North, the colored race has registered a declining death rate. Colored men who left the South, exchange for the most part agricultural work for that of the iron and steel mills, the coal mines, and other fields of labor in which the Negro, brought up in a rural environment, was not expected to thrive physically. Many of these Negro migrants suffered seriously from inadequate housing. This situation, which was acute in some cities, led to higher mortality. Were it not for this heavy migration, the improvement in Negro mortality would certainly have been much greater.

Health - 1929

General.

REPUBLICAN

Fresno, Cal.

MAR 15 1929

THINGS SEEN, HEARD AND DONE AMONG PULLMAN EMPLOYEES

By JAMES H. HOGANS

PORTERS' DEATH RATE

In spite of the yearly medical examination, which is obligatory, the mortality among Pullman porters during the past year has been alarming. In the New York district alone, the death-rate for the year has been 50 per cent above any other period of twelve months. Hardly has there been a week, especially during the recent winter months, in which one or more of the group has not died. This unusual mortality among a group, which, heretofore, has maintained a fairly good health-rate, even before these periodic medical examinations were put into effect, brings forth this pertinent question: Are there any reasons, other than natural causes, for this high death-rate?

But the person who is quick to form conclusions; the person to whose attention this is brought, but who hasn't had any experience in the matter; and the person who bases his opinions on superficial evidence, are not the persons to whom one may go in essaying to get a practical answer to a question of this kind. It was with the purpose of consulting some one with experience in the matter that the writer called upon Mr. S. J. Freeman, welfare worker in the New York district, and a member of the board of directors of the Pullman Porter Benefit Association.

It would be flagrantly amiss of me not to state just here, that in seeking information about any and all matters concerning the welfare of Pullman porters, Mr. Freeman has never as yet refused to oblige the writer with an interview. Of course, there are certain interviews in which his opinions are not for publication. Those, this correspondent respects as such. In all fairness to him, however, it may be truthfully said, that those which are not for the public's consumption, are not any which he needs to withhold, so far as he personally is concerned. But there are some cases in which, as welfare worker, he comes into contact that wouldn't be at all creditable to the porters' group, notwithstanding that these cases are specific and not general. Nevertheless, the public doesn't take the time nor trouble to reason that an isolated condition is not a general condition. Having said the foregoing, now to the interview.

Mr. Freeman had just arrived from Chicago, where he had been attending a "board meeting" of the P. P. B. A., the sick and death organization of the porters group, so the call was, in a way, fortuitous.

The interview was opened by my inquiry as to the death-rate in the New York district. Quite candidly, he admitted that the mortality among the porters in this territory was unusually high.

"In fact, the death-rate among the porters in our zone" (he referred to the Boston, Montreal, Albany as well as the New York district) "has been easily 50 per cent higher during the past year than it has ever been before in any one year," he said.

"Well," inquired the writer, to what do you ascribe this rise in mortality among the porters? Are the causes those which you might term natural, or are they artificial?"

"To that," he replied, "I might best answer by saying, yes and no. You realize, I suppose, that the flu epidemic was one of the main elements in this high percentage. As you know, the laborer as well as

the capitalist felt its death grip. So, you can call that an artificial cause or a natural cause. The next element that might be considered in the matter is old age. Many of those who died in the zone during the last year were men who were along 60 years of age and over. These you might say were natural deaths if the span of life of the average man is taken into consideration.

"Now how many of the deaths occurred through artificial causes or what part of this percentage these causes played in the mortality list, I cannot say, for the simple reason it would be merely a theoretic opinion. That some have died from conditions that might have been averted, however, I have fairly good reasons to suppose."

"What do you mean by 'conditions that might have been averted'?" the writer interposed to ask.

"Why, not taking care of themselves; not giving due regard to the laws of health—that's what I mean," retorted the welfare man.

"But, isn't it possible that the working hours of porters, especially on sleeping car runs, might have had something to do with weakening the system of the porters, thereby making them susceptible to the attack of such winter diseases as the flu, pneumonia, and so forth?" suggested the writer.

"No, so far as the porters working conditions are concerned, there is no reason to believe that these were in any way contributory. And certainly not an element which need be considered in arriving at the causes for the high death-rate. As a matter of fact, the porters are allowed more time for rest now than they have ever been allowed before; that is, while they are on the road. Furthermore, the home layovers of porters are longer and more frequent now than they were in past years.

"I have just returned from a meeting of our board (meaning the P. P. B. A.) in Chicago, and we found that the sick and death list this year was correspondingly high throughout the entire Pullman circuit," added Mr. Freeman.

He further said that the association had given the matter of mortality among the porters due attention, and that every district had strict orders not to allow any porter to work, whether he wanted to or not, who complained or showed signs of illness. He cited one case in which he recently forced a porter to have the attentions of a doctor before the porter could get an O. K. to return to work.

After the interview with Mr. Freeman, the writer called Mr. P. A. Sample, welfare worker, and P. P. B. A. official in the Penn Terminal district, on the telephone, and made a similar inquiry as to his opinion on the subject.

The reasons Mr. Sample gave for most of the mortality in his territory were similar to those given by Mr. Freeman. In one respect health conditions in the Penn Terminal district were more favorable than those reported in the New York district. The Penn Terminal said Mr. Sample, had a smaller death rate this year than the previous year.

Neither of these welfare men would touch on the subject of "hooch" as being in any way responsible for this mounting death rate. But the writer met a porter coming out of the doctor's office in the Grand Central building last Monday. To the inquiry as to how was his health, he replied, "It's all right, but the doctor says I must cut out drinking."

Perhaps, that is what Mr. Freeman had reference to when he said some died from conditions that might have been averted. However, whatever the causes, the mortality among the porters has been rather high this year, much higher than one would suspect.

By Dr. W. A. Evans

The health of the Negro is improving faster than that of the white man. His death rate is still more than 50 per cent higher than that of his white neighbor but he is catching up. The Negro birth rate is falling but the decline is not as rapid as that of the death rate. In consequence, in most groups, the Negro population is now increasing by reason of excess births over deaths. There is some Negro immigration from the West Indies but it is not equal to one-tenth of the white immigration from all countries. Therefore, if the Negroes are to maintain their ratio of one-tenth of the population they must do so by maintaining a considerable excess of births over deaths.

As the result of a detailed comparative study of insured Negroes, Dr. L. I. Dublin concludes that Negroes 50 years of age and over are about as healthy and have about the same life expectancy as whites. The great menace to Negro life occurs in youth and particularly in infancy. Negroes pay a very heavy toll to consumption, but this is decreasing rather more rapidly than is the same rate among whites. Their rate is about three times that of whites. Their death rates from typhoid fever, pellagra, and malaria are also declining rapidly. On the other hand, they are showing markedly increased tendency to develop diabetes and general paresis.

Dr. Dublin finds them superior to whites in certain disease rates. They are almost free from locomotor ataxia. In the army during the war it was found that the Negroes had better noses than whites. They had fewer nose disorders. They had fewer eye and ear defects, fewer gall bladder infections and fewer cases of stone in the kidney and bladder. They had only one-third as much neurasthenia and only half as many nervous heart disorders. They seemed to have the better skin of the two races. They had fewer boils and abscesses. Skin wounds were less frequently infected, they suffered less from poisoning of the skin and insects troubled them less. Their teeth were far better than those of the whites. Cavities were rarely found. They have less diphtheria, scarlet fever and measles, but when they develop the latter disease they

Getting Better

are more liable to develop pneumonia. Erysipelas almost passes the Negro by, as does skin cancer. Negroes survive major operations well.

On the other hand, Negroes have a high general cancer rate. Whooping cough is very prevalent and very deadly among them. They are subject to smallpox. Pneumonia is one of their chief menaces and heart disease is another.

Chicago, Illinois.

TYPES OF TUBERCULOSIS

E. M. S. writes: Will you clear up the confusion we are in regarding types of tuberculosis and the susceptibility of human beings, especially children, to the respective types?

Does avian tuberculosis infect cattle and children? Are cats, when apparently in good health, carriers of the types affecting humans? Hence, would it be unsafe to permit children to play with cats on a stock farm where cattle are clear of the disease but hogs are not known to be?

REPLY

The three recognized types are bovine, avian, and human. There may be other types but they are not established.

The great bulk of the tuberculosis in human beings is due to the human bacillus. It causes 80 per cent of the deaths.

The bovine bacillus causes about 25 to 30 per cent of the gland and bone tuberculosis in children.

The avian bacillus causes very little human tuberculosis. Almost all the tuberculosis in cows is due to the bovine bacillus. Most of the tuberculosis in hogs is due now to the avian bacillus. Once the bovine bacillus predominated as the cause of swine tuberculosis.

The cat family is quite prone to contract tuberculosis. This is especially true of caged cats. I do not know what type of bacillus causes most of the cat tuberculosis. I do not think there would be much danger in allowing children to play with a cat that appeared to be healthy.

NEGRO ILLNESS AND THE NATION'S HEALTH

By EDWIN R. EMBREE

President Julius Rosenwald Fund

The Crisis:

Anything that affects the Negro today concerns the American nation as a whole. One-tenth of our total population is colored. And no longer is the Negro only a resident in the rural South. He has moved North in great numbers and he has gone from the farm to the cities both North and South. About one-fifth of the Negro population now lives in the North-ern and Western states and a full third of this race is living in cities and towns.

The Negro is widely distributed throughout the United States. His industry, his art and music are national assets. His ignorance and his disease are liabilities and dangers not known to be one of transition and only to him and his group but to the entire country. Especially in health

the interests and lives of the races are inextricably woven together. If a mosquito bites a malarial Negro, that busy insect is very likely next to bite you or your white neighbor and transmit the fever with no regard whatever for color or social caste. Hookworm disease, supposed to have been brought into this country by black slaves, has now been passed on almost entirely to the whites. A colored cook coming one morning to her fashionable white employer in Virginia was anxiously warned by the mistress to stop at the gate since measles had broken out in the manor house and germs might be picked up and carried back. "That's all right," laughed the cook, "my children have been having measles for a month." Disease knows no color line. Jim crow laws do not hold for germs of measles, tuberculosis, pneumonia and typhoid.

Conditions of health among Negroes are still far below American standard. A bulletin issued in February, 1928, by the State Department of Public Health of Illinois gives a striking picture of the difference between Negro and white mortality. This bulletin reports that during the

four-year period 1922 to 1925 for the entire state of Illinois the annual death rate among Negroes was 20.0 per thousand as contrasted with 11.2 for whites. In this state for the period 1922 to 1925 the number of deaths actually exceeded that of registered births among the colored people, although the average Negro birth rate for 1925 was 22.5 per thousand, substantially higher than that for the whites. Wisconsin, Kansas, Minnesota, Iowa, Indiana and Michigan show shocking death rates, exceeding or approaching the traditionally large number of births in this

group. One should not be too much alarmed by the conditions reported for a few Northern states during a period of adjustment of large masses of Negroes to new and trying conditions in industrial centers. Conditions in the South where, over a long number of years, the Negro has adjusted himself, show on the whole much better records both for sickness and death. The death rate for Negroes throughout the entire country is 18.2. This is much better than the figures for several Northern industrial centers, but still compares unfavorably with the death rate of 11.2 for the whites.

The current records of the Metropolitan Life Insurance Company, which has on its books more than two million Negroes, a fifth of the total colored population, are on the whole much more reassuring. These policyholders include men, women and children of all ages, working in every conceivable occupation, and living in all sections of the country. Dr. Louis I. Dublin in recent books and articles reports, from the extensive experience of that company, that the average death rate of these two million policy holders has declined from 17.5 per thousand in 1911 to 14.6 in 1926. While in a sense the insured are a picked group, still the large numbers included make the findings significant. Dr. Dublin's study indicates

that Negro health has greatly improved during the past few decades, that it is in about the position of white health in this country thirty or forty years ago, and that further concerted and intelligent attack may be expected to show corresponding gains in years ahead.

We must remember that death is not the only index of health. While authoritative figures that will show the amount of current sickness are almost impossible to obtain, it is evident that the higher death rate by no means tells the entire story of Negro health handicaps. Sickness in both mild and acute form is known to be much greater among the colored people; incapacities due to accidents and painful illness and malformation due to improper medical attention are conspicuous. Illness and incapacity retard the race and represent a great economic loss to the Negro and to the nation.

However bad conditions are in given localities there is no evidence that the group will die out or even diminish in number. On the other hand there is no likelihood that the Negro will increase at any rapid rate or begin to press the white man by sheer force of numbers. As a matter of face, while the colored population of America has steadily increased since the first arrivals from Africa, it has for over a century quite as steadily decreased in proportion to the total population. During the past century the Negroes increased from a million and three quarters in 1820 to about ten and a half millions in 1920, the latest national census. Yet their rate of increase has been steadily slowing down and, while a hundred years ago they numbered almost 20 per cent of the total population, by 1920 they were just under 10 per cent of the entire nation.

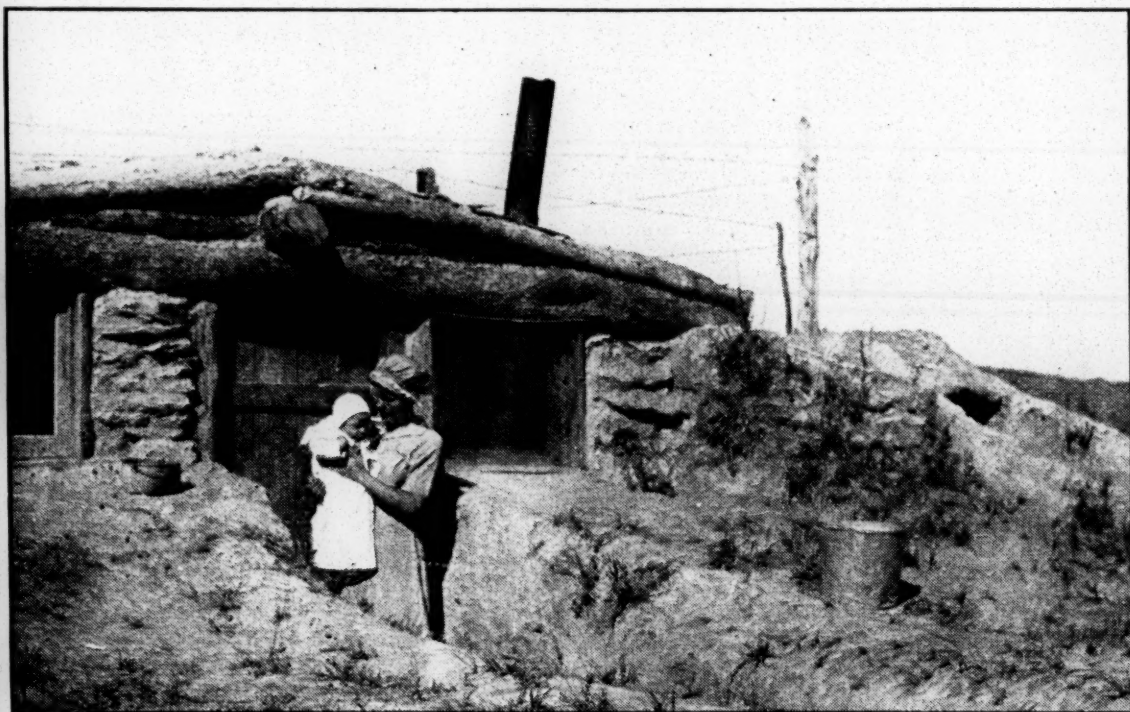
The Negro, as any other group in the population, begins to have smaller families as he rises in the economic and social scale. Better public health has not brought a great onrush of population among the white in America and it will not do so among the colored. "Fewer and better babies"

is the rule as prosperity, intelligence and health increase.

My purpose is simply to call attention to the problem of Negro illness and to its direct influence on the health of the nation. The answer lies in improved sanitation, good doctors and nurses who in increasing numbers must be members of the race, hospitals and clinics and health education. Under pressure of economy and time saving it is easy and natural to neglect or ignore the colored people. But germs cannot be segregated. Democracy and even selfish regard for the health of any group demand attention to the disease of all. Negro illness is an essential factor in the nation's health.

THE SACRIFICE OF THE MOTHERS

YEAR AFTER YEAR, more than 20,000 women die from causes due to childbirth—one mother for every 150 babies born. This startling statement is made in *The Survey* (New York) by Hazel Corbin, general director of the Maternity Association in New York, to lever attention on what she believes to be the need for continuing the Federal aid for the promotion of the welfare and hygiene of maternity and infancy. The Sheppard-Towner Act, which provides such aid in the form of a subsidy which the States may elect to accept



By courtesy of the Children's Bureau, United States Department of Labor

AN OUTPOST OF MOTHERHOOD

This woman, in her lonely Montana dugout, is one of thousands who are reached by the aid extended under the Sheppard-Towner Act. In many parts of the country, we are told, there is unfortunately no help of any sort for the extreme hour of motherhood; it is not available at any price.

or reject, as they choose, expires June 30. The Newton bill, which proposed to continue that aid, died in the last Congress. Strong objection has been made against Federal aid on the ground that it is paternalistic and that it smacks too much of interference on the part of the Federal Government; but there can hardly be any gainsaying that American motherhood needs educated preparation for the hour of its ordeal and for the anxious days after.

Many women could be saved, writes Miss Corbin, and she tells us that every mother in the country needs skilled medical supervision, nursing care and instruction before, during, and after the event which brings life into the world at the risk of another. But many families do not know of this need. Not all families, we are told, can provide this care. In many parts of the country it is not available at any price. There are not doctors, nurses and midwives properly trained to give adequate care to all mothers. Some States, Miss Corbin tells us, require

only that a doctor shall see six babies born in order to qualify for a license permitting him to care for an obstetrical patient, no matter what the complication. Of the 20,000 nurses who will receive diplomas from hospital training-schools this year, according to Dr. May Ayres Burgess, says Miss Corbin, 10,000 are not eligible for jobs as salesgirls in an enterprising department store, because they have not the educational requirements. Yet they will be absorbed into the nursing profession and a share of them will be doing the country's maternity nursing, for they are meeting the educational requirements of their States.

"There are, caring for our mothers," we read, "midwives so ignorant and superstitious as to suppose hemorrhage can be controlled by placing an ax upside down under the patient's bed. Of about 50,000 practising midwives only a small portion are well-trained and the majority are untrained—yet in most

instances they are licensed or registered by their States." This lack of trained personnel is not the fault of the doctors, nurses and midwives, but of the people, who do not know that maternity needs skilled care, says Miss Corbin. The Sheppard-Towner Act was an attempt on the part of the Federal Government to teach them what constitutes adequate care of mothers and children. Two case notes will illustrate the ignorance in the backward regions better than a column of adjectives. Here they are, from the hand of Dr. Frances Sage Bradley, in *The Survey*. An expectant woman has just hung a pot of cow-peas over the hearth to simmer until the children come home from school, and makes ready to go with a "Sheppard-Towner" nurse to a doctor:

"You women have a funny way of forgetting from one baby to the next what you go through, and you forget that if you had gone to a good doctor in the beginning instead of calling in old Granny C—you'd not be having child-bed fever, risen breasts, dragging milk legs around, or being half sick the rest of your days," sputtered the nurse, with a final slam to the door of her ear.

"I 'low that's so," admitted the woman, easing herself to meet a rutty stretch of road. "But I hain't forgot the finest baby I ever had died before hit was two weeks old. Anybody looking at such a likely child would a said he had sho' come here to stay." There was a moment's silence. "And Frony Bryson'll not forget her little girl with as clear, pretty eyes as you'd ever want to see, and now stone blind. Granny C—is kin to me and she's a good old woman but seems like she's powerful onlucky with babies."

pittance means to the health of the race, the full amount would be forthcoming in a single day, and no one would miss the contribution the following the donation.

In the first place, the appeal is made to the whole race. Every one should feel it an opportunity to come to the rescue in this emergency. Any one who fails to respond, in however slight a sum ought to feel that he is a sinner against the health of the race.

In the second place, the appeal is made especially to the six thousand alumni and many more thousands of some time students, who have shared the partial benefit of the university's instruction. If all of these should respond to the extent of ten dollars, the amount would be forthcoming. It is not thinkable that any graduate of Howard in any part of the country will allow this proposition to fail, or to succeed without having his name listed among the subscribers.

In the third place, the appeal applies particularly to the physicians of the country, regardless of what school they claim as alma mater. The integrity of the Negro medical profession demands that every Negro doctor should support Howard and Meharry. If the white race should cease to maintain them, and even if the Negro in general became apathetic, the physicians, themselves, should keep it from failing, even if it became necessary to tithe their income.

In the fourth place, the appeal is made in especial and in particular to the medical graduates of Howard University. The record shows that this institution has recruited the ranks of the profession to the extent of twenty-five hundred members. If the medical school should lose its rank as a class A college, the prestige of every one of these graduates would be discounted. They that have been benefitted ought therefore to become enlarged. If these graduates would stop for a moment to consider the inestimable benefit which the university has been to them, they would not suffer their alma mater to cry unto them in vain, in the hour of her dire distress. If these graduates should give an average contribution of one hundred dollars, the requisite amount would be covered. This is but a bare bagatelle in comparison to the advantage the university has brought to them by way of added earning power.

I trust that every one under whose eyes this release may fall, whether alumnus or not, will feel impelled to send in his contribution as a racial obligation.

continued from back of card.

Here is the other. A white "Sheppard-Towner" nurse has that in the first a announced to a group of colored cotton-pickers that a trained colored midwife is to be sent to the district by the Government and the State Board of Health. Hoodoo doctors and "cunjer" women have often officiated when medical care was needed, and an Amazon holds forth:

"Sound lak big-gate talk, if you ax me," she muttered. "You Aet which is to end on June 30. Miss Lathrop writes: all know de Lawd give and de Lawd take away when He gits good and ready. Don't tell me dis new-fangled colored gal kin beat dese old womens at dey own trade. For me, when I'm birthin' I wants a good old granny wid all her charms and cunjers and powwow, one what'll not be too high-toned to let me quarrel wid John Henry, or lam him side o' de haid, and him not sass me back nuther while I'm a birthin' his young 'un, midst a smothered and scandalized snigger.

"Shut yo' mouth, nigger. Ain't you hear de white lady say dis colored woman is trained by gov'ment and State doctors and knows white folks' ways which is bound to be better'n nigger ways? You and John Henry gotter quit yo' projeckin' and act lak folks, not wild injuns. Look at all de babies we've borned and buried. Cain't you listen to sense?" There was collective and wrathful indignation at this unseemly interruption.

"When is she coming, lady?" eagerly sought an imminent case. "Whar she gwineter live?" "What'll she charge us?" "How kin we git her?" came from every direction. "Dar's a heap of womens on dis plantation and de next and next, and we gits young uns lak rabbits. When we wants help we wants it right now," warned one smiling into responsive faces. "Ain't it de truf?" All agreed, beaming."

Sixteen years ago, when the Children's Bureau was created, writes Julia Lathrop in *The Woman's Journal*, there was no knowledge of our infant mortality rates for the whole nation, and the situation was studied almost up to the passage of the Sheppard-Towner Act. Eight typical cities were chosen for the study. Women agents, we are told, interviewed the mothers and told them carefully that the Government asked their cooperation but could not compel them to answer. Yet at the end of the series of studies 23,000 mothers had given the interview requested and only fourteen had declined. Similar studies were made of remote rural areas with the same cordial understanding of the Government's effort to learn how to serve mothers and children. Miss Lathrop, who is an ex-chief of the Children's Bureau, a sociological student interested in childhood and a member of the National League of Women Voters, tells us what these studies revealed:

"On the whole, the evidence was overwhelming that poverty, ignorance, or both, lack of medical and nursing care, unwholesome living conditions, overworked mothers, remoteness from doctors and nurses in rural areas, and other types of inability to give babies needed care were in marked degree coincident with high infant mortality rates. That a vast number of babies and of mothers died needlessly every year in this country was well known to statisticians, doctors, and to some social workers and students, but details as to social and economic conditions under which the parents lived had never before been disclosed or understood.

"Perhaps no more relentless contrast ever presented itself than that in the small city chosen for the Bureau's first investigation. A coal and iron town, with mills on one side and, beyond the mills, the mines; near the mill, a low-lying flat area covered with rough little houses where the workers and their families lived in primitive discomfort. There were many children, boarders and lodgers occupying the beds in shifts, no privacy nor quiet, nor possibility of real cleanliness. Milk-water—sewage disposal—all bad. Across the town on beautiful green hills were good houses. Our house-to-house study showed

pleasant homes on the hills, where the rate was fifty deaths for each one thousand babies born. Such contrasts reveal themselves when the deaths are 'pinned' on the wall maps, but seldom so clearly to the naked eye of the casual observer."

Now as to what has been accomplished under benefit of the Act which is to end on June 30. Miss Lathrop writes:

"In 1921, when the Act was passed, the death-rate per 1,000 live births for the registration area of the United States was 76. In 1926 it was 73. In 1927 it was 65. This lowest figure will undoubtedly vary with climatic conditions and possible epidemics. But we have a right to believe that the reduction is the cumulative result of the educational work and demonstrations now in progress. Forty-five States and Hawaii are so far cooperating with the Government, and their detailed reports are contained in publication Number 186 of the Children's Bureau. The combined figures for certain types of educational work are as follows: Over 18,000 talks and lectures reported and 4,403,218 pieces of literature distributed, the greater part going directly to parents and a large amount to isolated rural localities where it was especially welcome. The report states that the files of every State agency administering the Act show that the information was appreciated by the recipients.

"The interest aroused is also an excellent test of whether this work is going well, since the law is absolutely non-compulsory at every point. The report shows cooperation of State administering officers with State parent-teachers' associations in thirty-eight States; with State federations of clubs in thirty States; with State Leagues of Women Voters in nineteen States; with Woman's Christian Temperance Unions in ten States; with American Red Cross in sixteen States. In smaller numbers of States cooperation has been given by the American Legion and the Auxiliary of the American Legion, by State medical societies and dental associations, by State tuberculosis associations and many other bodies, amounting in all to more than two hundred organizations, not to mention the generous help of local physicians and clinics."

A PLEA FOR RACIAL HEALTH

By KELLY MILLER, Howard University, Washington, D. C.

(Reprinted from the May, 1927, issue of the Howard University Medical News)
What profit is it to a race to gain the whole world and lose its health, or what will a race give in exchange for its health? If asked, what human value is of most worth, the inevitable answer would be health. Wealth, knowledge, culture and goodness are of inestimable value to a race or to an individual, but health is basic to them all. For without health, the other values would be of little or no advantage. The mad rush for racial attainment and achievement will only lead to vanity and vexation of spirit unless they be based upon a sound fabric of physical stamina. The Negro race in the United States has not yet sustained the severest test of survival in the midst of a white environment. The last census showed a lamentable decline in the rate of increase, which if conformed

by later enumerations, spells the early or ultimate decline of the race on this continent. Already gloomy statistical philosophers are predicting such a fate. In an article published in the Scientific Monthly, several years ago I undertook to show by analysis of the census reports, that the apparent retrograde tendency of the Negro population was due to imperfections in the census office rather than to the degenerative tendency of the race. My position was strongly combatted by a sponsor of the census office, published in a subsequent issue of the same journal. The next census will confirm or refute my contention. I shall be keenly on the alert, as soon as the 1930 figures are available. In the meantime, I confess, the slowing up of the birth rate gives me much concern. The shift towards the North and the cityward tendency trend in the same direction. The Negro's death rate is something like fifty percent higher than that of the whites. If the birth rate fails to keep pace, the proclaimed result is easily predictable. The health of the race can only be safeguarded through Negro physi-

cians. We can no more rely upon the white physicians to look after the health of the race than we can rely upon the white teacher for effective instruction of our children or upon the white ministry for intimate moral guidance. Personal sympathy and social touch are essential for the proper and effective dealing with human needs.

The Negro physicians, as a class, have fully vindicated the self-direction of the race in the most vital and essential function. The health of the race has been placed in their keeping, and they have more than met all reasonable expectation. We have here a body of professional men, equipped according to the scientific and professional requirement of the healing art, who measure up to the approved therapeutic standard. The race, as yet, has produced no other body of men, which compares with them in intellectual resourcefulness, and professional skill to cope with so vital and complicated an interest. No greater calamity could be predicted for the Negro than the failure to perpetuate this professional group and to reinforce its ranks so that it will be enabled to adequately cope with the health needs of the race.

There are only two institutions upon which we can rely for the perpetuation of the Negro medical profession—the Meharry Medical School at Nashville, Tennessee, and the Howard University School of Medicine at Washington, D. C. We can not depend upon white medical schools in the North and West with any assured

basis for such dependence. The doors are being closed by degrees upon the colored applicant. Even now, it is difficult almost to the point of impossibility for a Negro student to receive full medical preparation from any white institution in the United States, including instruction, clinical facilities and internship. He is first or finally thrown back upon these two Negro schools or Negro hospitals for part or all of his professional preparation.

If there is any one responsibility that devolves upon the whole race which is more urgent than any other it is the support of these two medical establishments. Upon them rests the health needs of ten million human beings. The appeal is race wide. There is no ground for division of interest or diversity of opinion. Although these schools appeal powerfully to the whites, from the standpoint of the relativity of health and the vital welfare of the nation, yet to the Negro, the appeal is racial and immediate. If no white man contributed a single dollar, yet the Negro should support and sustain these schools on the highest standard of efficiency. Enlightened self interest demands this. It is easier to focus on medical than upon any other education confronting the race in an age of drives. Every worker cause is now presenting its claim for public favor. Educational institutions, religious organizations and agencies are pressing their demands upon the public pocket-books. As they are all worthy, we hardly know how to choose among them. But no one is essential to the needs of the whole race; for the reason that if any one should fail its competitors would easily fill the need. But in case of medical training, there are but two institutions, neither of which is adequate, but both of which are necessary. It is not necessary to differentiate between the relative merits or rival claims. The race wide claims of the one are as compelling as those of the other. Each in its time and turn.

But just now the Howard University School of Medicine is in focus. The American Medical Association has fixed certain minimum requirements for a fully accredited medical school. It must have a productive endowment of at least half a million dollars. The General Education Board several years ago offered a conditional grant of two hundred and fifty thousand dollars toward this endowment, provided the institution would duplicate the amount. The university still needs to raise about one hundred thousand dollars by July first, when the conditional grant will lapse. No right minded Negro can contemplate such a calamity without shuddering. The amount seems to be ridiculously small when measured against its importance to the whole race. If the Negro could be brought to a realizing sense of what this bare

Health-1929

General

Insurance Companies Fighting Valiant Battle To Improve The General Public Health In U. S.

Battle to Improve Negro Health

During the first week in March, which marks the second annual observance of National Negro Insurance week, the National Negro Insurance association, the public is being apprised of the benefits of insurance and of the service which these companies are rendering the Negro citizenry of this country.

Policy holders and prospects, in public meetings and personal conferences, will learn how insurance protects the family income during illness, helps to assure the protection of beneficiaries and the education of children in the event that death removes the head of the family and how the increase in the number of policy holders reacts in the opening of new opportunities for trained young men and women to hold positions of responsibility and to use the training they have received through years of sacrifice.

High Death Rate

These facts are well-known, but the yeoman service of colored insurance companies, is too frequently overlooked, namely, that of combating the high mortality rate among colored people.

A scientific analysis of the death rate among Negroes showed that out of 100,000 colored males born alive 66,377 will live to reach the age of ten years, over against 81,519 white males; 61,426 colored males will reach the age of 20 years, against 79,116 white males; 45,414 colored males will reach the age of 40, against 68,848 white males; 35,427 colored males will reach the age of 50, against 60,741 white males; 23,750 colored males will reach the age of 60 years against 48,987 white males; 3,894 colored males will reach the age of 80 against 12,160 white males. At the age of 80 the number dying per thousand is greater than that of white males.

A further study evidences that this condition is due largely to the living conditions and the ignorance

of our masses relative to the methods of preventing disease and care of expectant mothers and children.

Program of Improvement

This made it imperative that a constructive program for the conservation of life be inaugurated. To do this several of the leading companies of the association established welfare divisions, the purpose of which is to educate the policy holders regarding personal hygiene, living conditions, disease prevention, and better housing.

Science has been drafted into the prosecution of the program and physicians, nurses, social workers, and agents trained in methods of conserving health have been added to the staffs of various companies.

This program is further carried out through the distribution of health literature, apprising the individuals of the methods of preventing diseases, caring for the sick, proper methods of ventilation, the exclusion of flies and other disease carriers, the danger of allowing trivial diseases to run without medical attention and the like.

Get Results

That this service which indicates the interest Negro insurance companies have in the policy holders and in the conservation of the life of the Negro race, has been beneficial to the group is shown in the increased life expectation of the Negro.

Living conditions have been improved; home life made more attractive and sickness lessened through the work of these messengers of health. Conditions are far, however, from what is desired as was pointed out by Harry H. Pace, President of the National Negro Insurance association, but the work will be broadened and developed as the time goes by and the companies' growth warrants.

Policy Holders Show Appreciation

A composite report of business in operation by companies of the National Negro Insurance association shows that these enterprises have more than \$243,534,500 worth of

business. While this sum seems encouraging, the fact that colored people are insured to the extent of \$1,925,000,000 shows that the companies operated by the group are not yet getting their share of the business of the group. This condition must be improved, according to C. C. Spaulding, member of the executive committee, if the colored companies are to carry out the expansion program which has been adopted by the association.

The companies of the National Negro Insurance association, who are cooperating in the effort to conserve the lives of colored people are:

Afro-American Life Insurance company, Jacksonville, Fla.; Atlanta Life Insurance company, Atlanta, Ga.; Century Life Insurance company, Little Rock, Ark.; Citizens' Industrial Insurance company, Jacksonville, Fla.; Domestic Life and Accident Insurance company, Louisville, Ky.; Douglas Industrial Insurance company, New Orleans, La.; Gibraltar Health and Accident Insurance company, Indianapolis, Ind.; Golden State Guarantee Fund Insurance Company, Los Angeles, Calif.; Liberty Industrial Life Insurance company, New Orleans, La.; Liberty Life Insurance Company of Illinois, Chicago, Ill.; Louisiana Industrial Life Insurance company, New Orleans, La.; Mammoth Life and Accident Insurance company, Louisville, Ky.; National Benefit Life Insurance company, Washington, D. C.; North Carolina Mutual Life Insurance company, Durham, N. C.; Northeastern Life Insurance company, Newark, N. J.; Pilgrim Health and Life Insurance company, Augusta, Ga.; Pyramid Mutual Life Insurance company, Chicago, Ill.; Southern Aid Society of Virginia, Inc.; Richmond, Va.; Supreme Life and Casualty company, Columbus Ohio; Underwriters Mutual Life Insurance company, Chicago, Ill.; Universal Life Insurance company, Memphis, Tenn.; Victory Life Insurance company, Chicago, Ill.; Winston Mutual Life Insurance company, Winston-Salem, N. C.

Your Health

By DR. W. A. EVANS

NEGRO IS GETTING BETTER

The health of the negro is improving faster than that of the white man. His death rate is still more than fifty per cent higher than that of his white neighbor but he is catching up. The negro birth rate is falling but the decline is not as rapid as that of the death rate. In consequence, in most groups, the negro population is now increasing by reason of excess births over deaths. There is some negro immigration from the West Indies but it is not equal to one-tenth of the white immigration from all countries. Therefore, if the negroes are to maintain their ratio of one-tenth of the population they must do so by maintaining a considerable excess of births over deaths.

As a result of a detailed comparative study of insured negroes, Dr. L. Dublin concludes that negroes 50 years of age and over are about as healthy and have about the same life expectancy as whites. The great menace to negro life occurs in youth and particularly in infancy. Negroes pay a very heavy toll to consumption, but this is decreasing rather more rapidly than is the same rate among whites. Their rate is about three times that of whites. Their death rates from typhoid fever, pellagra and malaria are also declining rapidly. On the other hand they are showing a markedly increasing tendency to develop diabetes and general pareses.

Dr. Dublin finds them superior to whites in certain disease rates. They are almost free from locomotor ataxia. In the army during the war it was found that the negroes had better noses than whites. They had fewer nose disorders. They had fewer eye and ear defects, fewer gall bladder infections and fewer cases of stone in the kidney and bladder. They had only one-third as much neurasthenia and only half as many nervous heart disorders. They seemed to have the better skin of the two races. They had few boils and abscesses. Skin wounds were less frequently infected, they suffered less from poisoning of the skin and insects troubled them less. Their teeth were far better than those of the whites. Cavities were rarely found. They have less diphtheria, scarlet fever and measles, but when they develop the latter disease they are more liable to develop pneumonia. Erysipelas almost passes the negro by as does skin cancer. Negroes survive major operations well.

On the other hand, negroes have a high general cancer rate. Whooping cough is very prevalent and very deadly among them. They are subject to smallpox. Pneumonia is one of their chief menaces and heart disease is another.

THE NATION'S HEALTH.

The bill introduced by Senator RANSDELL to create a National Insti-

tute of Health is not on the preferred calendar of the Senate, and can therefore not come to a vote at this session except by unanimous consent. But any Senator who would obstruct its consideration, save for the most valid of reasons, would be taking upon himself a responsibility measurable in terms of human life that might be saved by the service for which the bill provides or that might be lost because of another year's postponement.

The bill was unanimously reported from the committee. It has the approval of Secretary MELLON, who points out that it would not only make possible the use of existing governmental machinery without setting up new bureaus, but might encourage private gifts to the government in aid of the study of health problems. He has also stated in a letter to the chairman of the Senate committee that he is advised by the Bureau of the Budget that the appropriation which it carries "is not in conflict with the financial program of the President." This comes very near implying a Coolidge endorsement of the measure.

Assured is the endorsement of the leading scientific societies, of the American Medical Association, the American Public Health Association and the American Farm Bureau Federation and of many other organizations interested in public health, as well as of many prominent men in the field of medicine and education, including Dr. RAY LYMAN WILBUR, Dr. MAYO, Dr. TREAT JOHNSON of the Yale Medical School and Dr. REID HUNT of the Harvard Medical School.

Private research and practice and State and municipal public health service have done much to reduce the mortality rate and raise the average of life, but health is a matter of such supreme concern that the nation itself should have a greater part than it has had in the study especially of those diseases which sweep the country without regard to State boundaries and can be conquered only by unified effort. It is to be hoped that with such backing as the bill has—official, scientific and professional—it will not be halted by one voice.

Race Health and the Negro Physician

SIMULTANEOUSLY two leading colored physicians of Tidewater last week broadcast statements urging emphasis upon local observance of National Health Week from March 30 to April 7. Both statements were published in the last issue of this paper. Dr. S. C. Jones, public health physician of this city, and the other by Dr. Philip A. Scott, president of the Tidewater Medical Society.

The action of the physicians is indicative of the growing realization on the part of Negro doctors that the health of the race is and ought to be primarily their responsibility. The saintly old family physician of the past who centered his talents and time upon the care of his own patients and whose methods of practice were wholly curative has given way to the better trained, more alert and modern physician who is concerned with the health of the entire community and whose methods of practice emphasize the prevention of sickness and disease rather than mere restoration of health. The comparatively new idea of medical science which emphasizes the preventive rather than the curative has been developing for many years, as has the principle which emphasizes the moral and social responsibility of the physician to community health, but the Negro doctor, emburdened for generations with the struggle to procure adequate training and to establish himself upon a recognizable basis in the medical world has had but little time, energy or encouragement to devote to the broader principle which visualizes the whole community as his patients. Also the Negro physician, with the rest of our leadership, has shared the indifference which has characterized us in our moral and social obligations to our masses. Happily, the realization that the welfare of the community is the concern of every individual, most particularly those of training and leadership, and the further realization that human progress is measured in group advances rather than in individual successes, have gone far toward removing that indifference, and have served to give our social welfare programs more definite and promising form. Nothing augurs so promisingly for improved health of the race as does the growing acceptance of the idea by our physicians that the problem largely devolves upon them; that they have a moral responsibility pertaining to Negro health that cannot be left to others; that if health education is the assured hope for the development of a virile and vigorous race, they must take the lead in projecting this education; that if battles must be fought to win civic cooperation in the establishment of public health facilities, they must launch the battle, and that if eternal vigilance is the price of race health, they must keep the watch. It is reassuring that the Negro doctor has become a conspicuous factor in the dissemination of health education. At no period in the history of the medical profession has there been even approximately as much literature extant on race health prepared from the peculiar and understanding viewpoint of the Negro physician as is available at present. The progressive physician of today not only finds time to write prescriptions, but also to give public lectures and writings on how to avoid the need of his prescriptions. It is largely within this circumspect that continued health improvement among our group is assured.

It is to be hoped that in some very definite and effective ways National Negro Health Week will be observed in this community.

LET'S SAVE OUR BABIES!

Save the children! Figures show that the loss of Negro children in babyhood is double that of whites. An automobile crushing the life out of some mother's darling would incite universal horror. But neglect and disease are killing our children by the dozens. The remedy is in our own hands. It takes education and more education. The facilities provided for mothers to know what to do and help them do it are ample, but they are not used. The many are too busy, don't care, or don't know. So the babies die. *Call 4-5-21*

The birth rate among Negroes is comparable with that of whites. It is the death rate that appeals. There is no reason why one hundred and fifty of our little ones should pass away to sixty white babies. We are not that poor or indifferent. It is not our doctors. It is the refusal of expectant mothers to use the latest knowledge of science. It is the folly of parents who believe hard knocks make strong children. Old folks' kisses on babies' mouths are more to be feared than pistols, but you cannot get that truth home to most people. So the little ones die, the price of adult ignorance and folly. In the meanwhile, the attendants who maintain the clinics, pass time with little to do.

Professor Would Modify "The Negro Menace" By Establishing Race Birth Quotas in the U. S.

Negro World
3/30/29
N.Y.
BERKELEY, March 29.—Compulsory birth control to modify what he termed the menace to the white race of increasing Negro population was advocated here tonight by Prof. Samuel H. Holmes, nationally known authority on eugenics and author of biological texts. Holmes, professor of zoology at the University of California, made the suggestion during the course of the annual faculty research lecture delivered prior to the university charter day exercises.

Asserting that the Negro population of the United States rapidly is approaching that of the white, Professor Holmes declared that, contrary to opinions of many recent writers, the Negro population of the United States will present an increasing problem in years to come.

Suggesting that, in effect, child birth be placed on a quota basis, the quota to be determined by racial origin, Professor Holmes warned that only by some such method can Negroes and whites in this country continue to grow side by side as separate race entities without complete intermixture.

"Ever-increasing Negro births in this country will form an added incentive for nation-wide adoption of birth-control measures which will limit population of both Negroes and whites under a quota system comparable to that now limiting immigration from foreign countries," said Professor Holmes.

"In other words, in countries where incomers through birth are subjected to numerical restriction, it might prove feasible to introduce a quota system."

Professor Holmes said he believed diffusion of Negro blood by intermixture with white was taking place much more rapidly than statistics disclose. Any set of statistics tending to show the Negro race is increasing more slowly than the white is faulty, he insisted.

The colored birth rate is higher than the white, he declared, the Negroid death rate is rapidly decreasing through acquired immunity to respiratory diseases, and the Negro population is rapidly overtaking that of the white.

Pointing out that primitive peoples have many times adopted restrictive measures on their own population by exposing children to die and by killing the aged and unfit, Professor Holmes concluded with the warning that "civilized man may be compelled to adopt means of preventing population growth if he would escape the terrible penalties which overpopulation brings in its train." He cited China and India as countries where such conditions are prevalent.

Health - 1929

HERALD
AUGUSTA, GA.

JAN 18 1929 COLORED CHILDREN TO HEAR LECTURES ON HEALTH THEMES

A program of health and community education will be put on among the colored schools of the city beginning Monday morning at the Lenox Theatre, it was announced Thursday by Charles A. Cooper, of the city public health department, who has worked up a sanitary educational program for the negro children in the public schools above the fifth grade.

Monday's program will show pictures dealing with diphtheria prevention and treatment of typhoid fever, it was announced, while a doctor in the city will give a talk of ten minutes on the disease considered.

On account of the large number of children it has been considered wise to separate them into three groups. One thousand, five hundred children are enrolled in the negro schools above the fourth grade, and all these are to be taken to the Lenox Theatre to hear the lectures.

HAS SANCTION OF HEALTH BOARD

Mr. Cooper said that Dr. Eugene Murphey, president of the board of health and city health officer, and Dr. Paul Eaton, professor of preventive medicine at University of Georgia Medical College, had studied and sanctioned the program. The film to be shown Monday and Tuesday and the doctor to give a brief lecture will be secured after another conference with Doctor Murphey and Doctor Eaton. Both diseases, typhoid fever and diphtheria, are in the city at present, and for that reason it is desired to show these films dealing with those diseases as early as possible.

Mr. Cooper said that Manager Pinkerton, of the Lenox Theatre, had been generous with the building, which is the most suitable in the city for putting on the program. The Georgia Power Company is co-operating in transportation matters, while some of the films, showing the development, treatment and prevention of the disease, have been secured from the Metropolitan Life Insurance Company, and others from the Georgia State Board of Health.

SCHOOLS RELEASE KIDS FOR PROGRAM

All the agencies of the board of health, including W. T. Elliott, the chief sanitary inspector, and Mrs. Olive L. Barbin, director of the public health nursing service, are co-operating in the program. S. D. Copeland, in charge of the city grammar schools, has agreed to

allow the children to attend the lectures.

The complete series of six will run until the beginning of Negro National Health Week, at which time a program will be undertaken to interest the colored population of the city in health matters. Beside typhoid fever and diphtheria, smallpox, hookworm,

tuberculosis and general sanitation will be dealt with.

"The idea of this experiment," Mr. Cooper said, "is to begin with the school children and work with them to the adults. Possibly it may be possible to interest the adults through the children. If not, we want this sort of work to keep going on, so that the present generation will have formed habits of hygiene and sanitation which will make marked improvement in the next few years."

Both white and colored physicians will help in the project, while colored agencies of all kinds will be enlisted in the work.

Waycross, Ga., Journal-Herald
Friday, February 8, 1929

COMPLETE PHYSICAL EXAMS IN SCHOOLS

Dr. George E. Atwood, health commissioner for Ware county, stated today that he has completed the physical examinations in all the white schools of the city and county. He is now carrying them on in the colored schools and the work will be completed this month.

"Colored Auxiliary"

The Atlanta, Georgia, Tuberculosis Association has long been successful in its use of an auxiliary negro association. It is not, therefore, surprising to find the plan spreading. In Evansville, Indiana, Mrs. Helen H. Marshall has developed a "Colored Auxiliary" of the Vanderburg County Anti-Tuberculosis Society. Its definite constitution and by-laws indicate that "it shall be to promote good health among colored inhabitants of Vanderburg County and to combat all disease, but especially the disease of tuberculosis." The directors of the auxiliary are fifteen in number; an annual meeting is provided for the membership and the directors will meet at least once a month. All persons purchasing 25c. worth of Christmas seals or more shall be members. The executive secretary of a county association shall act in an advisory capacity to the board.

Health of Georgia Negroes

Under the above caption the Augusta Chronicle pleads for the co-operation of the white people in looking after the physical welfare of the colored people. Nearly every farm in this section of the state is dependent upon them for labor, and unless they can be kept in a healthy condition they will become inefficient, and in many instances not self supporting. The county health authorities are doing all they can to improve the health conditions of both the white and colored people, and they desire the assistance of the people generally, as the interests of both white and colored are mutual. The Chronicle says:

"The whole people of Georgia are interested in the health of the Negroes of the state. The relationship existing between the white and colored races in Georgia makes this an important subject. The Negroes are largely associates, especially of the children, and their contact is with everybody. Servants, cooks, washerwomen and others come in close touch with the whole people.

"The relatively high death rate among Negroes from tuberculosis in Georgia, as compared to the whole population, should be of concern. The death rate from this cause, it is true, is lower than in the average of other states, but it should be reduced still further. The death rate is 120 per 100,000 in Georgia, while in other states, the average is 202 per 100,000. The death rate in Georgia is lower in the rural sections than in the cities.

"The campaign for reducing the tuberculosis death rate should continue, not only among the colored people, but white folks as well. The decline in the death rate among Negroes has been 44 per cent in the past 15 years, which is a good showing. White employers, school teachers, colored doctors, ministers, and leaders generally, ought to cooperate to improve the health conditions, along this line. It will repay ten-fold to all."

HERALD
AUGUSTA, GA.

APR 6 - 1929

TUBERCULOSIS TAKING HEAVY TOLL AMONG THE NEGROES

GEORGIA has successfully combatted the spread of the White Plague among the white people of the state, but with the negroes, tuberculosis continues to hold a considerable percentage of cases. However, much less than that of the whole country. Last year the death toll among the negroes in this state was 1,487. On this basis, it is estimated that there are at least 12,000 negroes affected with the disease. The death rate among the negroes from

tuberculosis in Georgia is 120 per hundred thousand, which of course is a much higher rate than among the white citizens. The negro rate for the United States, as a whole is 202, the rate being lower in the rural districts than in the towns and cities.

In a series of addresses delivered by Dr. Phillip P. Jacobs, recently in Atlanta, he said that since 1911 the negro tuberculosis death rate had decreased forty-four percent and in the last few years that it had been declining more rapidly than that among the whites. Dr. Jacobs sees a most encouraging outlook for the eradication of this disease through the work of doctors, preachers and social workers. "The treatment is very simple," said Dr. Jacobs, "consisting of rest, careful diet, and fresh air. Of all chronic diseases tuberculosis is the most easily cured though there are no specific 'cures' for it in the form of medicines."

Through various agencies, the dreaded disease has been greatly reduced in this city and county. However, we should not let up with our activities until the White Plague has been eradicated from this community.

ENTERPRISE

MAY / 1929

LESS TUBERCULOSIS AMONG GEORGIA NEGROES

The Augusta Herald is gratified over the evidence that in Richmond county there has been a decline in tuberculosis among the negro population.

Georgia has successfully combatted the spread of the White Plague among the white people of the state, but with the negroes, tuberculosis continues to hold a considerable percentage of cases. However, much less than that of the whole country, The Herald points out. Last year the death toll among the negroes in this state was 1,487. On this basis, it is estimated that there are at least 12,000 negroes affected with the disease. The death rate among the negroes from tuberculosis in Georgia is 120 per hundred thousand, which of course is a much higher rate than among the white citizens. The negro rate for the United

States, as a whole is 202, the rate being lower in the rural districts than in the towns and cities. In a series of addresses delivered by Dr. Phillip P. Jacobs, recently in Atlanta, according to The Herald, he said that since 1911 the negro tuberculosis death rate had decreased forty-four per cent and in the last few years that it had been declining more rapidly than that among the whites. Dr. Jacobs sees a most encouraging outlook for the eradication of the disease through the work of doctors, preachers and social workers. "The treatment is very simple," said Dr. Jacobs, "consisting of rest, careful diet, and fresh air. Of all chronic diseases tuberculosis is the most easily cured though there are no specific 'cures' for it in the form of medicines."

JAN 18 1929

The complete series of six will run until the beginning of Negro National Health Week, at which time a program will be undertaken to interest the colored population of the city in health matters. Beside typhoid fever and diphtheria, smallpox, hookworm, tuberculosis and general sanitation will be dealt with.

"The idea of this experiment," Mr. Cooper said, "is to begin with the school children and work with them to the adults. Possibly it may be possible to interest the adults through the children. If not, we want this sort of work to

pictures dealing with diphtheria prevention and treatment of typhoid fever, it was announced, while a doctor in the city will give a talk of ten minutes on the disease considered.

HAS SANCTION OF
HEALTH BOARD

Mr. Cooper said that Manager Pinkerton, of the Lenox Theatre, had been generous with the building, which is the most suitable in the city for putting on the program. The Georgia Power Company is co-operating in transportation matters, while some of the films, showing the development, treatment and prevention of the disease, have been secured from the Metropolitan Life Insurance Company, and others from the Georgia State Board of Health.

All the agencies of the health, including W. T.

All the agencies of the board of health, including W. T. Elliott, the chief sanitary inspector, and Mrs. Olive L. Farbin, director of the public health nursing service, are co-operating in the program. S. D. Copeland, in charge of the city grammar schools, has agreed to

allow the children to attend the lectures.

The complete series of six will run until the beginning of Negro National Health Week, at which time a program will be undertaken to interest the colored population of the city in health matters. Beside typhoid fever and diptheria, smallpox, hookworm, tuberculosis and general sanitation will be dealt with.

"The idea of this experiment," Mr. Cooper said, "is to begin with the school children and work with them to the adults. Possibly it may be possible to interest the adults through the children. If not, we want this sort of work to keep going on, so that the present generation will have formed habits of hygiene and sanitation which will make marked improvement in the next few years."

Both white and colored physicians will help in the project, while colored agencies of all kinds will be enlisted in the work.

Friday, February 8, 1929

Dr. George F. Atwood, health commissioner for Ware county,

stated today that he has completed the physical examinations in all the white schools of the city and county. He is now carrying them on in the colored schools and the work will be completed this month.

The Atlanta, Georgia, Tuberculosis Association has long been successful in its use of an auxiliary negro class association. In 1930, therefore, surprising to find the plan spreading. In Evansville, Indiana, Mrs. Helen H. Marshall has developed a "Colored Auxiliary of the Vanderburg County Anti-Tuberculosis Society."

indicate that "it shall be to promote good health among colored inhabitants of Vanderburg County and to combat all disease, but especially the disease of tuberculosis." The directors of the association are fifteen in number; an annual meeting is provided for the membership and the directors will meet at least once a month. All persons purchasing 25c. worth of Christmas seals or more shall be members. The executive secretary of a county association shall act in an advisory capacity to the board.

Monday, April 3, 1929

Under the above caption the Augusta

Chronicle pleads for the co-operation of the white people in looking after the physical welfare of the colored people. Nearly every farmer in this section of the state is dependent upon them for labor, and unless they can be kept in a healthy condition they will become inefficient, and in many instances not self supporting. The county health authorities are doing all they can to improve the health conditions of both the white and colored people, and they desire the assistance of the people generally, as the interests of both white and colored are mutual. The Chronicle says:

"The whole people of Georgia are interested in the health of the Negroes of the state. The relationship existing between the white and colored races in Georgia makes this an important subject. The Negroes are largely associates, especially of the children, and their contact is with everybody. Servants, cooks, washerwomen and others come in close touch with the whole people.

...heretatively high death rate among Negroes from tuberculosis in Georgia, as compared to the whole population, should be of concern. The death rate from this cause, it is true, is lower than in the average of other states, but it should be reduced still further. The death rate is 120 per 100,000 in Georgia, while in other states, the average is 202 per 100,000. The death rate in Georgia is lower in the rural sections than in the cities.

"The campaign for reducing the tuberculosis death rate should continue, not only among the colored people, but white folks as well. The decline in the death rate among Negroes has been 44 per cent in the past 15 years, which is a good showing. White employers, school teachers, colored doctors, ministers, and leaders generally, ought to cooperate to improve the health conditions along this line. It will repay ten-fold to all."

APR 6 - 1920

GEORGIA has successfully combatted the spread of the White Plague among the white people of the state, but with the negroes, tuberculosis

continues to hold a considerable percentage of cases. However, much less than that of the whole country. Last year the death toll among the negroes in this state was 1,487. On this basis, it is estimated that there are at least 12,000 negroes affected with the disease. The death rate among the negroes from

tuberculosis in Georgia is 120 per hundred thousand, which of course is a much higher rate than among the white citizens. The negro rate for the United States, as a whole is 202, the rate being lower in the rural districts than in the towns and cities.

In a series of addresses delivered by Dr. Phillip F. Jacobs, recently in Atlanta, he said that since 1911 the negro tuberculosis death rate had decreased forty-four percent and in the last few years that it had been declining more rapidly than that among the whites. Dr. Jacobs sees a most encouraging outlook for the eradication of this disease through the work of doctors, preachers and social workers. "The treatment is very simple," said Dr. Jacobs, "consisting of rest, careful diet, and fresh air. Of all chronic diseases tuberculosis is the most easily cured though there are no specific 'cures' for it in the form of medicines."

Through various agencies, the dreaded disease has been greatly reduced in this city and county. However, we should not let up with our activities until the White Plague has been eradicated from this community.

MAY / 1929

The Augusta Herald is gratified over the evidence that in Richmond county there has been a decline in tuberculosis among the negro population.

Georgia has successfully combated the spread of the White Plague, among the white people of the state, but with the negroes, tuberculosis continues to hold a considerable percentage of cases. However, much

less than that of the whole country. The Herald points out. Last year the death toll among the negroes in this state was 1,487. On this basis, it is estimated that there are at least 12,000 negroes affected with the disease. The death rate among the negroes from tuberculosis in Georgia is 120 per hundred thousand, which of course is a much higher rate than among the white citizens. The negro rate for the United

Albany Herald.

a most encouraging outlook for the eradication of the disease through the work of doctors, preachers and social workers. "The treatment is very simple," said Dr. Jacobs, "consisting of rest, careful diet, and fresh air. Of all chronic diseases tuberculosis is the most easily cured though there are no specific 'cures' for it in the form of medicines."

In a series of addresses delivered by Dr. Phillip P. Jacobs, recently in Atlanta, according to The Herald, he said that since 1911 the negro tuberculosis death rate had decreased forty-four per cent and in the last few years that it had been declining more rapidly than that

HEALTH PROGRAM AND BABY CONTEST WAS QUITE A SUCCESS

Cairo, Ga.,—There were thirteen babies in the contest: Frankie A. Wooten, Jr., Helen Smith, Jessie Lee Williams, Lee Horace Hubbard, Ceretha Bryant, Quincie Mae Bradshaw, Catherine Williams, Robert Lee Mitchell, Raymond Copeland, A. C. Copeland, Jr., Wallace Brown and Jeanette Johnson. The babies were examined by Dr. Dykes, our County Health officer, Misses Hall and Steward, registered nurses from the "Pebble Hill Plantation." Suggestions from the three were given to the mothers on better care of the babies and the prevention of the most prevalent diseases. Four health prizes were given by Mrs. P. W. Harvey, owner of the Pebble Hill Plantation and awarded by Miss Steward to the following winners: Lee Horace Hubbard, 6 mos. old, 1st prize. Frankie A. Wooten, Jr., 7 mos. old, 2nd prize. John Wesley Adams, 13 mos. old, 3rd prize. Raymond Copeland, 5 mos. old 4th prize.

A very helpful address "Diseases of the Mouth" was given by Dr. Hutts. There were other very beneficial health talks given.

The first prize in the popularity contest was won by A. C. Copeland Jr., who had 55 votes. The second prize was won by Helen Smith who had 25 votes. Among the out of town visitors were Prof. Hannah and family, Beachton; Miss Greenlea, Pebble Hill Plantation; Dr. and Mrs. Huuto, Bainbridge and Mrs. Powell, R. N. Pelham.

The program was quite a success and we thank the participants.

Mrs. R. L. Love, H. D. A.

NEGLECTING OURSELVES

The vital statistics as given out every month by the local health department show a shocking discrepancy between the number of white and colored deaths. During the month of May there were 40 deaths among the whites in Savannah while in the same period the Negro deaths were nearly two and a half times as many, there being 97. There must be a reason for this startling difference in numbers, with the Negro and the white man pass off the scene of action. Why did 5 Negro infants under one year of age pass away last month when only two white children of this age died during the same time, and why were there twice as many Negro still births as white, 8 to 4. During the thirty-one days of May? There are, of course, many causes for this great difference, but the chief reasons may be found in ignorance, neglect, carelessness and poverty. As a race we do not care for ourselves as we should. We rely too largely on patent medicine when the cure or relief which we seek is to be found in the care of a reputable physician; we listen too often to the quack doctor and those who deal in roots; we pay too little attention to pre-natal care and frown upon the assistance which the visiting nurses may give. We are careless with colds and wounds and through ignorance many of us are unmindful of many diseases which should give us serious concern. Our death rate is shockingly too high and every effort should be made to pull it down by leaps and bounds.

CHRONICLE AUGUSTA, GA.

MAY 31 1929

Hard Work and Substantial Gifts Will Mean \$100,000 Raised By Monday Night

The physicians of Augusta have subscribed with great liberality to the medical college centennial campaign fund. Indeed, the men whose lives are dedicated and consecrated to the profession of healing the sick have shown their tremendous interest by subscribing nearly \$30,000 to the fund of \$100,000 that Augusta is being asked to raise. The interns and students at the college have also subscribed \$9,000.

The reports last night indicating that the campaign had gone well beyond the \$50,000 mark are distinctly encouraging. But the

herculean effort is going to be to raise the additional amount in about two working days, today and Monday, for few people have time to canvass on Saturday.

A great deal of money is needed, therefore, and only a short time remains in which to raise it. There must be many large subscriptions from \$500 up and several hundred smaller ones. Indeed, we have hope that some of our well to do citizens will give in such substantial sums that the drive may go over speedily. It takes great numbers of small subscriptions, so many, in fact, that we do not think it will ever be raised by small gifts, by chips and whetstones alone. There must be some large gifts.

The appeal is one which should interest substantial people who think in terms of the community and who wish to do something for humanity which will be enduring, will be as lasting as time itself. If you wish to build a monument for yourself, then aid a movement which will mean better health for the people of the present and of the future. The influence on succeeding generations will be direct, because healthy, vigorous people of today mean a healthy vigorous race of tomorrow.

Those who give to the medical college are not only giving money to make better doctors and more of them, but they are giving to help provide more and better facilities for the sick poor of this community who attend the clinic. The new clinic building will enable more people to be treated and under much better conditions than now. And the people who attend the clinic are those who are unable to pay for a physician's attention.

The influence of a proper clinical facilities on the health of the community is far reaching, for epidemics of communicable diseases are stopped by proper treatment in the clinic and these diseases may be communicated to every citizen through colored women who wash clothes, cooks who come into the homes day after day and others who nurse little children.

There is not a large industrial plant in this city that does not have a considerable number of people from among the families of its workers to attend the clinic and certainly every manufacturer, every large employer of labor should give and give liberally.

Indeed, the medical college, with its allied enterprise, the University Hospital, make up just about the biggest institution in this entire city or section. They are Augusta's own and Augusta should support them.

Lets raise the additional amount and let Augusta go over the top with \$100,000 by Monday night.

AUGUSTA, GA.

Chronicle

NOV 28 1929

City Death Rate of Negroes

Some pessimistic writer who has been delving into statistics sees extinction for the colored race through congestion in the cities. This is particularly true, it is avered, in the cold sections of the country where congregation of the colored race is becoming marked by cramped living quarters and unsanitary conditions. When there was a big demand for labor and working conditions were different the situation was somewhat better than at present, but even at that pneumonia and tuberculosis death rates have been high and are now climbing rapidly.

A resume of the situation in New York would indicate that Harlem, that city's colored district, is not hesitating in its activities, despite the doleful news that is being circulated regarding congested conditions in the cities. A New York writer for The Chronicle recites some interesting things about the Harlem district and says:

"Variety, theatrical trade journal, usually figures that Broadway is the only New York zone worthy of attention. But the increasing popularity of the colored district, Harlem, has caused Variety to do a little investigation up that way. The inquiry shows that there are eleven high-class night clubs, where the patronage is almost entirely white, and no less than 500 colored cabarets. Apartments speak-easies, or buffet flats, number two to every apartment building in Harlem. In these places admission is a quarted and a drink costs the same. Five out of seven beauty parlors sell gin. More than 100 jazz bands play every night. One thousand five hundred colored boys call themselves professional tap dancers. The favorite gambling device is not craps, but numbers—which means betting on what will be the last three numbers of the day's clearing house figures."

The statistics show that the open life and warm climate is best suited for the colored race, but that is also true of the white race. The only difficulty, or rather the chief one surrounding the colored race is that they are relatively, but few generations removed from the free and opened life and their resistance to disease, especially tuberculosis and pneumonia, is not near so marked as among white people—and, too, ordinarily the living conditions are not so satisfactory, especially in the cold sections.

Health-1929

Savannah, Ga., News
Sunday, March 3, 1929

HEALTH TALKS TO AID NEGRO

Dr. Edwin Embree, Rosenwald Fund Head, on Visit

ATTENDS MEETING HERE

Charity Hospital Needs Are
Presented to Him

SAYS HE IS IMPRESSED

Committee Hopes Substantial
Aid Will Be Given

Dr. Edwin R. Embree, president of the Julius Rosenwald Fund, who was in Savannah to visit the Georgia State Industrial College, attended a meeting of the executive committee for the Charity Hospital fund held in City Council chambers yesterday afternoon.

"No meeting," said Dr. Embree, "could be staged better to convince a visitor of the importance of the health of the negro." He was especially impressed with the accomplishment that has taken place and the spirit of the meeting.

"It is possible," he continued, "to have segregation laws for living conditions, in theaters, in restaurants, and the like, but unfortunately disease germs do not recognize segregation. Disease from one group spreads to another. The white man is compelled to take a different attitude in regard to health."

Mr. Embree said it was important to train nurses, a plan that is already under way at Charity Hospital, and to have the advice, counsel and direction of the best white physicians in the community for the colored hospitals. This also is the Charity Hospital plan.

The chief program of the Rosenwald Fund, he said, was in building negro rural schools. There are 4,500 negro schools partly stimulated and in all cases aided by the Rosenwald Fund. Particular attention is being given to the negro because his situation seems the most acute, he declared. The Rosenwald Fund is interested in all sections and in all conditions. The time has passed, Dr. Embree said, when the North distributes money purely upon charitable work. State and local problems must be worked out by them. The North will not come down to do things that ought to be done by state and local communities, his talk in this regard being directed to showing his hearers that co-operation did not start until the communities had taken the initiative.

He said that there was a fine grade of work at the Charity Hos-

pital. The building itself is a remarkable achievement for the amount of money expended on it. In most other places it would have cost between \$75,000 and \$100,000 to duplicate.

Dr. Embree said that he hoped to co-operate on a substantial basis in the campaign for funds for completion of the building and that in a week or two the decision would be made if a contribution could be given and the extent of the co-operation. He did not think that fifty per cent could be called co-operation, as had been suggested in some of the talks as the amount needed to put the matter over successfully. In Philadelphia the fund gave \$25,000 in a total raised of \$175,000.

"I have been much interested and deeply impressed by the accomplishment here, and the spirit of this meeting," he said in conclusion.

Dr. George Solomon presided at

the meeting, which was attended also by Mayor Saussy, Rev. John S. Braithwaite, rector of St. Stephen's Episcopal Church, one of the hard workers and organizers of the campaign to put the project over for Charity Hospital, explained the object of the meeting. He said that \$135,000 was needed, that \$27,000 had been raised, and that it was hoped to raise \$50,000 more in Savannah and to secure \$50,000 from the Rosenwald Fund.

Dr. E. R. Corson, long associated with the work of Charity Hospital, spoke of the time when the hospital was only one room with a kitchen. The completion of the hospital, he said, would be of the greatest benefit to both races in Savannah. He could conceive of no charity in Savannah that will benefit the colored race so greatly as the completion of this institution would do. Not only would it benefit the negro but the whole city in all ways. If the Rosenwald Fund could come to the aid of this project, he said, it would be most timely.

Dr. Solomon emphasized that there was no hospital within 135 miles of Savannah devoted to negro patients save the two here in Savannah and that consequently a great burden fell on this city to supply the wants of a population of over 350,000 negro persons.

Dr. John E. White emphasized the distressing conditions of the negro death rate which he said was twice that of the white race here, that the negro birth rate was less than the death rate, and that conditions of living among some of the negroes was deplorable.

Dr. V. H. Bassett, city and county health officer, said that the need for the hospital was great. With a division of white and colored inhabitants on a fifty-five and forty-five ratio in the city and with a large negro country population almost bringing the ratio to an even basis, the problem was a heavy one. Negroes come from Florida, Alabama, South Carolina, and the coastal islands for treatment in Savannah and to fill the two small hospitals here for the race.

"Savannah has always given a great deal of attention to the negro's health," he said. "If we have not done all we wanted to do, it is because our problems have been great. We have the largest force of negro medical workers of any city in this section, and probably the greatest number in proportion to population of any city in the country."

Dr. Bassett told of the hope to train more negro nurses to aid their own physicians and their own people.

Mayor Saussy spoke of the negro in Savannah developing his own leadership, to which he referred as the negro's salvation. Health problems had been of interest to him

Georgia

for years. He recalled when Charity Hospital was first organized and of his interest and efforts to aid it at the time.

Judge S. B. Adams said that he had great sympathy for the colored people in all lines for their proper advancement.

"It is difficult to excuse our people for their indifference," he said. "It is vitally important to the white people that we contribute to the health of the colored people who work in our homes. We need urgently, imperatively, better hospital conditions in our city, particularly for colored people."

Dr. Embree after the meeting in conversation with Dr. Bassett, learned how Savannah contributed to its hospitals. This plan, he said, was a wise one because it meant an economical use of the public moneys. From Dr. Bassett he got a good idea of the excellent health work that has been done in Savannah in recent years with the facilities at hand.

Dr. Embree will go to Raleigh, N. C., when he leaves Savannah, probably tonight, and from there to Chapel Hill to see Dr. Chase who is a member of the Rockefeller Foundation. The Rosenwald Fund and the Rockefeller Foundation are working together on remedial plans in North Carolina. From there he

will return by way of New York to Chicago.

With Dr. Embree were Clark Foreman of Atlanta, the Rosenwald Fund representative in Georgia, and W. B. Harrell.

SOCIAL SCHOOL WILL GIVE LECTURE ON TUBERCULOSIS

Independent
Atlanta School of Social
Work Invites Everybody
Interested in Race's
Health to Register for
Lecture Course.

Atlanta,
The Atlanta School of Social
Work invites ~~Atlanta's~~ Social
Workers, Public Health Workers,
Physicians, Ministers, Teachers, ad-
vanced college students and others
interested in the health problems
of colored people to register for
the course of "The Social and
Medical Problems of Tuberculosis
as They Affect the Negro," which
is being offered by the School on
March 11th, 12th and 13th from
1 to 4:30 P. M.

Through the cooperation of Miss
Mary Dickinson, Executive Secre-
tary of the Atlanta Tuberculosis
Association the School was able to

secure Dr. Philip P. Jacobs of the
National Tuberculosis Association,
New York City, to give these lec-
tures. Dr. Jacobs is an outstanding
authority on Tuberculosis in Amer-
ica among his writings being "The
Tuberculosis Workers," which has
become the standard reference on
methods and programs of Tubercu-
losis work among social and health
workers. Dr. Jacobs will discuss
the medical programs of bringing
the problems of Tuberculosis and
public health home to the Negro,
such as special technique, uses of
clinics, public health nurses and
similar agencies, special treatment
for such groups as school children,
college students, workers in indus-
trial plants and others in need of
treatment.

This course is a part of the
school's regular schedule but out-
side persons interested may regis-
ter without charge. The registrar
is especially anxious to have all the
registration completed before 12:30
P. M. Saturday, March 9th.

CLINICS TO BE HELD FOR COLORED ADULTS Dr. Dunn and Dr. Adams Will Be in Charge

Dr. T. J. Charlton, president of the
Health Center, has announced that
during the week of April 1, medical
and surgical clinics for colored
adults will be instituted at the Cuy-
ler clinic building.

These are under the auspices of
the Health Center, and are being
promoted by the Colored Federa-
tion of Women's Clubs.

The surgical clinic will be held
on Tuesday afternoon from 3 to 5
p. m. Dr. L. B. Dunn will hold this
clinic.

The medical clinic will be held
on Friday afternoon from 3 to 5
p. m. Dr. T. M. Adams will hold
this clinic.

Only those persons, who after a
careful investigation are unable to
employ a private physician, will be
admitted to the clinic.

The institution of these clinics is
part of the program of the Health
Center in promotion of National Ne-
gro Health Week.

Atlanta, Ga., Times

Thursday, September 26, 1929

Negro's Health Subject Of Talk At Nashville Meet

Nashville, Tenn., Sept. 26. (AP)
The negro as a health problem,
and especially as a tuberculosis
problem, occupied the attention

Health of Georgia Negroes

The whole people of Georgia are interested
in the health of the Negroes of the state. The
relationship existing between the white and
colored races in Georgia makes this an im-
portant subject. The Negroes are largely as-
sociates, especially of the children, and their
contact is with everybody. Servants, cooks,
washerwomen and others come in close touch
with the whole people.

The relatively high death rate among Ne-
groes from tuberculosis in Georgia, as com-
pared to the white population, should be of
concern. The death rate from this cause, it
is true, is lower than in the average of other
states, but it should be reduced still further.
The death rate is 120 per 100,000 in Georgia,
while in other states, the average is 202 per
100,000. The death rate in Georgia is lower
in the rural sections than in the cities.

The campaign for reducing the tuberculosis
death rate should continue, not only among
the colored people, but white folks as well.
The decline in the death rate among Negroes
has been 44 per cent in the past 15 years,
which is a good showing. White employers,
school teachers, colored doctors, ministers,
and leaders generally, ought to cooperate to
improve the health conditions along this line.
It will repay ten-fold to all.

of today's session of the Southern
Tuberculosis conference, and
Southern Sanatorium association.

Charles S. Johnson, director of
social science at Fish University,
in discussing the high mortality
rate among negroes, declared
that "one of the most notorious
diseases of poverty is tubercu-
losis."

During slavery, he said, "when
it was obviously more profitable
to keep negro workers in good
health through proper and suf-
ficient food and medical atten-
tion, the negro tuberculosis rate
was practically the same as the
white rate. After emancipation
when they were thrown on their
vast unlettered helplessness, up-
on their own resources, the rate
began to mount."

Johnson said there was a need
for a community consciousness
of the necessity of increased in-
come for the economic class to
which most of the negroes be-
long.

SAVANNAH INSURANCE COMPANIES STAGE HEALTH EDUCATION SAVANNAH HEALTH CENTER DRIVE *Journal* 3/2/29 **MAKES EXCELLENT REPORT**

Eight Local Branches Unite For Week's Program

The eight local branches of the Afro-American, Atlanta Life, Georgia Mutual, Guaranty Life, National Benefit, North Carolina Mutual, Peoples and Pildrim Insurance Companies present the following program:

Monday night, March 4th at the Bethlehem Baptist Church, corner Park Avenue and Cuyler Street, Rev. D. Canty, Pastor. The principal speaker will be Rev. S. F. Andrews, D. D., pastor of St. Philips Monumental Church, Hull Street, West.

Thursday night, March 7th at St. Philip A. M. E. Church, corner Charles and West Broad Streets, Rev. B. S. Hannah, D. D. Pastor. The principal speaker will be Rev. R. H. Ward, D. D.

Sunday March 10th at 11:30 a. m. the final meeting will be held at the Second Baptist Church, corner Houston and President Streets, Rev. S. D. Ross, D. D. Pastor. The principal address will be delivered by Rev. S. D. Ross, D. D.

These meetings are being held for the benefit of the public to which they are cordially invited. The weekly meetings will be opened promptly at 8 o'clock each evening.

A local program will be rendered at each of the above meetings.

J. M. Walker, Chairman, Thomas McPherson Treasurer; A. E. Coppage, Secretary; Rev. D. Canty, Chairman Program Committee; A. Davis, Vice Chairman Program Committee; M. H. Nichols, Publicity Committee; H. T. Singleton, P. A. Moore, A. E. Coppage, J. M. Walker, Master of Ceremonies.

Six Negroes to one white person lies in Savannah.

HEALTH CENTER MAKES REPORT

Pres. O. Holly Lee Gives Summary of Work

The Cuyler Street Clinic during the month of July, shows through its report that the institution is still operating with almost capacity service. Drs. Gleaton, Baker, Tip-

pens, Sessions, Frazier, Harris, Dunn and Jamerson deserve much credit for invaluable professional service rendered.

During the month of July the following number of patients were treated: Children's medical and surgical clinic—old patients, 52; new patients, 57; total 109. Children's examined, 119.

Adult medical and surgical clinic—Old patients, 2; new patients, 10, total 12.

Children's dental clinic—Old patients, 9; new patients, 11, total 20. Extractions, 21; cement filling, 2.

Adenoids and tonsils operations—Charity hospital, 5; refractions at Baby stations, 36; laboratory examinations, Faeces, negative, 4; medicine given at clinic, prescriptions, 81; stock 8, total 90. Medical cases sent to hospital, 1; surgical, 2; cases surgically treated at clinic, 10; operations, 1; hernia strapped, 12; formulae, 13.

Referred by physicians, 2; public health nurse, 20; county nurse, 5; school nurse, 5; families, 4; city clinic, 4; teachers, 1; total 78.

Referred to public health nurse, 16; clinic, 15; T. B. Association, 1; hospital, 3. Grand total of cases treated by physicians, 197.

O Holly Lee, president
Mrs. L. A. Newton, Chir.

Local Undertakers Assist

The local undertakers, consisting of the Royal, Monroe, Savannah and McKelvey-Powell are assisting the health center at 21 East Charlton street in transporting the nurses on duty in and around the city. Miss Helen Bond, director of public health nursing takes this opportunity through the Woman's Federation to express the appreciation of the Health Center Board for the service rendered.

Instructions in Handicraft at Home plans have been perfected to give basketry, gardening, games and play at the Chatham Protective Home. A library carrying books suited for children, ages from 7 to 15 is also under way and any person having books to contribute

are asked to call 2-2060 or write Miss O. Holly Lee, 538 East Anderson street and the same will be called for.

The ladies in charge of this work are Mrs. Fanny Clark, Mrs. Lula Mae Young, Mrs. Donald Thomas and Mrs. Rosa Mae Perrin.

Physical improvements at the home are the screening of the building and the construction of a laundry room. Donations for the necessary plumbing of the rooms will be very much appreciated.

THREE CONTESTS ON HEALTH WORK OPEN IN GEORGIA

Three competitions to be promoted by the state health department, one national and two statewide in their scope, were announced Friday by Dr. T. F. Abercrombie, head of the department.

The national contest, which is sponsored by the United States Chamber of Commerce, is to determine the most healthful city in the United States.

The first of the statewide contests, backed by the Atlanta Chamber of Commerce, is to determine the most healthful city in Georgia.

The third, in which the Georgia Press Association is interested, is to determine which of the newspapers of Georgia is carrying out the most constructive health program.

Thirty Georgia cities are said to be eligible for the first two of the three contests. They are Acworth, Albany, Americus, Athens, Atlanta, Augusta, Bainbridge, Brunswick, Cairo, Camilla, Cordele, Decatur, Dublin, Gainesville, Griffin, LaGrange, Macon, Marietta, Milledgeville, Millen, Moultrie, Pelham, Quitman, Rome, Savannah, Thomasville, Valdosta, Waycross and West Point.

Albany, which on several occasions has won the fire prevention award for its population class, is the only Georgia city that has entered the national competition thus far.

The Cuyler St. Clinic during the month to June shows through its report that the institution is still operating to capacity service.

Drs. Gleaton, Baker, Tippens, Sessions, Frazier, Harris, Dunn and Jamerson deserve much credit for the invaluable professional service rendered.

During the month of June the following number of patients were treated: Children's Medical and Surgical Clinic: Old patients, 52; new patients 57; total 109. Children's examinations, 119. Adult Medical and Surgical Clinic—Old patients, 2; new patients, 10; total, 12. Children's Dental Clinic—Old patients, 9; new patients 11; total, 20. Extractions, 21; cement filling, 2; adenoid and tonsil operations, Charity Hospital, 5; refractions at Baby Station, 36; laboratory examinations feces, negative, 4.

81; stock, 90; medical cases sent to Medicine given at Clinic, prescriptions hospital, 1; surgical, 2; cases surgically treated at Clinic, 10; operations 1; hernia strapped, 12; formulae, 13. Referred by physicians, 2; public health nurse, 20; county nurse, 5; school nurse, 5; families, 4; city clinic, 4 teachers, 1; total, 78; referred to public health nurse, 16; clinic 15; T. B. Association, 1; hospital, 3; Grand total of cases treated by physicians, 197. Mrs. L. A. Newton is chairman of the clinic.

Local Undertakers Assist
The local undertakers, consisting of the Royal Undertakers, Monroe Funeral Directors, Savannah Undertaker and McKelvey-Powell are assisting the Health Center at 21 Charlton Street in transporting the nurses on duty in and around the city.

Miss Helen E. Bond, director of Public Health Nursing takes this opportunity of expressing the appreciation of the Health Center Board for the service rendered.

To Give Instructions at Home
Plans have materialized to give lessons in handicraft; to teach plays and games and to build up a library at the Chatham Protective Home.

Mrs. Fannie Clark, Mrs. Lula Mae Young, Mrs. Donald Thomas, Mrs. Rosa Perrin and Miss O. Holly Lee are in charge of this work. Any one having books suitable for children from ages 5 to 15 are asked to call 2-2606 or address a card to 538 or 504 E. Anderson street to Miss O. Holly Lee or Mrs. Rosa Perrin, respectively and the same will be called for.

The Chatham Protective Home has been during the past week and a new laundry room ordered built. Donations for the construction of the room and installation of the plumbing will be very much appreciated.

Health - 1929

NEWS CHICAGO, ILL.

FEB 26 1929

HEALTH CENTER PLEA

MADE IN NEGRO WARDS

Community workers were laying a campaign today to obtain a public health center for the Negro wards as the result of a plea by Miss Mary E. McDowell, former public welfare commissioner, made at the opening late yesterday of a three-day national recreation conference in the South Side Boys' club.

"The aldermen are pretty busy right now with the election," said Miss McDowell with a smile, "and apparently nobody has asked for the needed clinic. Some one must act. The need is imperative. The ravages of tuberculosis in this section and the glaring Negro death rate are a present menace.

"If you are shocked by lack of facilities for play and health in the south I can show you some spots in the Chicago south side equally bad.

"The health commissioner, Dr. Kegel, has announced his intention to establish health clinics. There should be one in the Wendell Phillips school. Let's get busy and ask the commissioner for what he is already to give."

TO CARRY HEALTH GOSPEL TO 50,000

One of the biggest jobs of the 1929 Health Campaign committee of the Cook County Physicians' Association is the task of lining up opportunities for speakers, motion pictures and demonstrations, according to a letter sent out late last week by Dr. J. H. Howard, chairman of the committee.

It is planned to schedule three or four hundred group meetings that will reach at least 50,000 persons during the three weeks of the drive and letters are being sent out to pastors, lodge officers, club officers, school principals, etc. asking for a chance to bring a health program to the groups with which they are identified. Heads of all organizations are urged also to arrange meetings enough to reach all the members before the next meeting of the general committee, which is to take place Friday, March 15, at the Wabash avenue Y. M. C. A. The organization meetings are to be reported to the committee at

the Friday meeting.

The heads of all organizations comprising a large number of people are asked in Dr. Howard's letter to cooperate with the committee in bringing the health gospel to 50,000 neighbors during the drive.

NEW YORK TIMES

JUN 15 1929

FOR NEGRO HEALTH SURVEY.

Rosenwald Fund Gives \$30,000,
With \$175,000 to Hospitals.

Special to The New York Times.

CHICAGO, June 14.—Gifts of \$80,000 to Southern hospitals and \$30,000 to assist in a survey of negro health under the auspices of Tennessee, Fisk University and the United States Public Health Service were announced today by the Julius Rosenwald Fund. There will be a smaller contribution in the second year of the survey.

"Putting it on the most selfish grounds," said Edwin R. Embree, president of the fund, "white people, for their own protection, must take an interest in the health of the negro if they are interested in their own health."

The Charity Hospital, Savannah, Ga., received \$50,000 toward \$150,000 for a new building and equipment; Saint Agnes's Hospital, Raleigh, N. C., \$15,000 toward \$60,000 for a nurses' home and out-patient service; the L. Richardson Memorial Hospital, Greensboro, N. C., \$15,000 on condition that \$15,000 more be raised for a nurses' home.

Previous gifts of \$35,000 to Mercy Hospital, Philadelphia, and \$60,000 for seven years and is chief of the obstetrical department of the John T. Wilson Medical Foundation of this city.

**Physician Makes
Known Findings
Negro Mothers Not Particularly
Subject to Venereal Diseases**

CHICAGO, Ill., Oct. 3.—(By A. N. P.)—Negro mothers are not any more subject to syphilis than the women of the same class or condition in any other race, according to findings made by Dr. C. Leon Wilson, specialist in obstetrics, as

Illinois.

published in the current issue of the American Journal of Obstetrics and Gynecology. 10/5/29 7/21/29

Dr. Wilson, as shown in his report, has made a study among Negro mothers covering seven years, and including 3,631 cases. The percentage of the most malignant venereal disease he found in them was 7.49.

Prior to Dr. Wilson's studies there had been reports indicating that the percentage among Negro mothers in some sections of the South was as high as 30.6 per cent, and in such advanced community as Boston 16 per cent. But Dr. Wilson points out that "where the incidence (percentage) is higher, it is probably due to the small number of Negroes seen or that they belong to the lowest intellectual group, or where the economic factor enters."

"These people when once infected," continues Dr. Wilson, "spread the affliction to others, since their income will not admit of continuous and rigorous treatment. Bad housing conditions, where many families are forced to live together in order to meet the high cost of living, account for much of the disease present."

The women examined by Dr. Wilson during the seven-year period were for the most part of Southern birth and residents of the North for a period varying from two and three months to eight and nine years. They represented the usual type of patient seen in a clinic, and were of average intelligence. Thus it can be seen where higher percentages have been obtained, they must have come from the very lowest social classes where the conditions complained of by Dr. Wilson exist.

Dr. Wilson is a graduate of the medical school of the University of Illinois. He has been on the staff of the Chicago-Lying-In Hospital for seven years and is chief of the obstetrical department of the John T. Wilson Medical Foundation of this city.

Many Suggest Own Building. In many instances the tenants and landlords themselves suggest their buildings to Dr. Kegel for his approval or disapproval. Otherwise, the landlord and tenants must look out for themselves, the commissioner indicated. No individual has a moral right to rent such a hovel to others or to rent it for the use of himself and his family, he said.

**DRIVE ON SLUMS
CALLED AID TO
BETTER LIVING**

**Chicago Tribune
Plan to Rout Near
South Sidehovels.**

income or their household belongings. We will merely knock down their unsuitable home, making it necessary for them to search elsewhere for safer and more sanitary longings."

Program to Continue for Years.

Dr. Kegel does not plan to do away with the 4,000 condemned buildings in a day, a week, or a month. It will take years, according to his plans, and will probably continue indefinitely, since the process of deterioration will continue in the future as it has in the past, making it necessary to condemn certain structures in twenty-five years which today are entirely satisfactory as living quarters.

At present a second survey of all buildings condemned as unfit for human habitation is being made to determine the possibility of rehabilitation of any of the structures. Modern plumbing and adequately thick floors and walls have already been installed where it was believed logical to do so. As soon as this survey is complete and any possible structures have been rebuilt or made safe and sanitary, those which it is impossible to save will be torn down. The work of tearing down these slum buildings will probably be started in the fall, Dr. Kegel said.

Although some of these condemned structures are situated on the near north and northwest sides of the city and around the tracks on the west side, the majority of them are in the near south side, extending out to 37th street, where foreign born residents are crowded in close quarters, in the stockyards and Maxwell street district, and many factories and industries have their headquarters.

MORTALITY FROM HEART DISEASE

Heart disease is now the principal cause of death not only in the United States but also in several other countries, including Great Britain, Germany and the Netherlands. Among peoples in whom heart disease takes a somewhat lower rank it is noteworthy that a large number of deaths are reported as due to "senility" or "decrepitude." If these deaths were more accurately classified, heart disease would have to be accepted as the leading cause of death in the Western world and a serious aspirant for leadership in the East.

The steady increase in the rate of mortality from this cause in the United States was indicated at the Washington session of the American Medical Association by Dr. Albert whose paper gave rise to an interesting discussion. There was general agreement that acute rheumatism could not be implicated as an important contributing factor since that disease is declining rather than increasing in importance. The blame must be born rather by the degenerative diseases, whose obscure etiology makes uncertain any measures of prevention. The fact that it is not the acute heart diseases of early and middle age but rather the degenerative diseases of senescence that are

making the mischief is forcibly demonstrated in a recent analysis made by the Pennsylvania Department of Health.

The death rate from all diseases of the heart has increased in Pennsylvania from 133.5 per hundred thousand in 1906 to 210.6 in 1927. The rates for endocarditis and myocarditis and for angina pectoris have doubled in the twenty-two years, while "other diseases of the heart" show an increase of 64 per cent. The relatively higher increase for the specified diseases may be due to improved reporting; but as has been pointed out, the total increase is a real phenomenon. It cannot be accounted for entirely by the greater proportion of old people in the present population of Pennsylvania, since the standardized rates also show a marked increase, from 142 in 1906 to 203 in 1927. There is no increase in death from heart diseases in the younger age groups. In all age groups under 30 these diseases show lower rates. The real increase is in groups over 50 and is greatest over 70. Evidently medicine is protecting old age from other diseases more successfully than from diseases of the heart. This trend is likely to continue until the etiology of the degenerative diseases is better understood.

Editorial Appearing in December Issue of Journal of American Medical Association

\$3,000,000 MEDICAL CENTER FOR CHICAGO

CHICAGO, Dec. 19.—(ANP)—With one and three quarter million dollar in hand the board of directors of the Provident hospital and training school, will launch a drive here Friday evening for \$1,250,000 to raise the necessary \$3,000,000 for the establishment of the Greater Provident hospital.

Julius Rosenwald and the Rockefeller foundation have become interested in the project which bids fair to give to Chicago one of the most up-to-date hospitals and the greatest medical centers as far as Negroes are concerned in the world. The Rockefeller foundation has already contributed one million dollars and the Rosenwald fund is responsible for the three-quarter million dollar gift.

The need of such an institution has been greatly felt for sometime and the establishment is being hailed by citizens of both races as the beginning of a new era in the medical world with regard to the Negro professional man. Through the new institution, which will be located at Fifty-first St. and South Parkway physicians and surgeons from all sections of the country will be afforded post-graduate training and young women in the profession of nursing.

The institution will be affiliated

with Chicago university and will specialize in the training aspect as well as serve to furnish adequate and modern hospitalization for Negroes. The staff will be composed of the most competent men available and many of them will be given fellowships for study abroad.

The campaign will be formally launched Friday evening when citizens of both races gather at dinner at the Palmer house, the guests of honor which will be United States surgeon General H. S. Cummings, according to an announcement made by A. L. Jackson, president of the Board of trustees of the Provident hospital.

NEWS

Chicago, Ill.
OCT 23 1929
**Negroes Launch Drive
for \$1,500,000 Fund**

Backed by sixty-eight ministers of the Negro protestant churches of Chicago, the executive board of the Dr. John T. Wilson Medical Foundation, Rhodes avenue and 34th street has launched a drive for \$1,500,000 with which to complete the establishment of a medical health center for Negroes.

The program contemplates inclusion of an orphan's home for Negro children as soon as funds are available. The foundation was established by Dr. John T. Wilson, philanthropist, and one of the foremost surgeons of his race, who made an initial gift of \$50,000 with which to start the center in what was one time the old Lakeside hospital. Dr. Wilson is president of the foundation.

"It isn't my hospital," he said. "It belongs to my people and their churches. I am only one of a board of fifteen, and am merely following my gift with my services to see that the 200,000 Negroes of Chicago will have a health center operated exclusively by themselves.

Among the leaders in the campaign for funds are Bishop Archibald J. Carey and Deputy Coroner Collier Cleaves, who are also members of the board of directors. A woman's auxiliary has been organized to assist the council of sixty-eight ministers co-operating in the endowment undertaking.

There has been a unification of the Negro protestant churches in the enterprise to establish on a permanent

basis the medical center. The police of the 4th district made an initial gift of \$100 at the launching of the campaign. This was, they said, in appreciation of the service performed by the hospital in behalf of accident patients sent from the 4th district.

NEGRO BIRTHS IN '28 AGAIN AT LOW MARK

Births in Gary during 1928 were exactly twice as numerous as deaths during the same twelve month period, according to the yearly report released today by Mrs. Rose C. Smith, clerk of the department of health. The report shows that deaths here totaled 1,104 while births amounted to 2,208.

While the number of Negro deaths here last year was not given distinct from the total, all Negro births were tabulated and that number is even smaller than the 1927 mark, which was considered "appallingly low."

A total of 335 colored children—of which 175 were boys and 154 were girls—were born in 1928. That number is five less than the 1927 total of 340, in which, incidentally, girl births were more numerous, there being 175 of them to 165 boys.

Births of Negro children amounted to less than seven per cent of the total, although Gary's colored population is approximately 20 per cent of the 110,000 people here. This situation is considered to be unusual because Negroes, as a rule, reproduce with greater rapidity than whites.

Of the 21 sets of twins born, four were of Negro extraction. Of the 59 still births, 16 were of colored children. Illegitimate babies born to women in all races here totaled 14. In hospital wards, a total of 228 children were born.

Infant mortality in Gary during 1928 continued high. Of the 1,104 recorded deaths, 243 were those of babies under one year old. The next highest death rate was 85 who died between 40 and 44 years of age. The year also witnessed the passing of five near-centanarians, all lacking a few years of being 100 years old.

There were only 12 deaths through homicides during 1928, according to the report. More people died from pneumonia (212) than from any other disease. The next most disastrous ailment was pulmonary tuberculosis, which claimed 45 victims.

ASK ALL HELP TO CUT DOWN CHILD MORTALITY HERE

Prominent Local Physician Says One In Ten Of Negro Babies Die

By DR. CHARLES R. WOOD

There is, perhaps, no work in the world that carries the human interest and heart appeal that is carried by work directed to the welfare of the little child and helpless babe. Nothing we can do is too great an effort if it guarantees to even a single little one only a part of the right to live that is his when he is brought into the world. A child has a right to be born, to be well-born, to be born of healthy parents, and to live and grow into a strong man or woman after birth. And permit me to say no first-class physician will interfere.

We lose about one in ten of our babies before they are one year old. The death rate continues high until the fifth year in which age period about one-fourth to one-third of all our deaths occur. To properly safe-guard these little ones is a task before the bigness of which even the most competent health worker shrinks, but it must be undertaken. Any adequate program includes prenatal infant and pre-school hygiene that the first five years of child life may be touched.

Of course the principal channel through which activity is directed is that by which the mother is reached, for she it is who has been responsible for the world's development since she it is who watches and cares for the future generation. She it is, too, who has the right to the knowledge that enables her to better discharge her cares and responsibilities and she it is who is ever ready to acquire that knowledge.

Such work in Gary is indeed pioneer work, but the children of Gary are certainly as well worth taking trouble for as are the children of other cities.

Let us guarantee to the helpless little one his bill of rights

NEGRO DEATHS HERE IN MARCH TOTAL 32

Although the total number of deaths here in March was greater than that of the preceding month, it was not nearly so large as is traditionally true of the third month of the year. Mrs. Rose C. Smith of the department of public health who has just released the monthly report of her city division.

Another unusual feature of the same period is the number of births equaling and exceeding the death rate. Yearly totals and monthly totals generally show that Negroes in Gary do not reproduce as fast as they become deceased. There were 32 Negro deaths and 36 births, of which 23 were boys and 13 girls. One pair of twins also came into existence. The total death rate was 101 and the total birth rate was 194.

Twelve cases of scarlet fever were quarantined during March as were 11 cases of chickenpox. Rabies, which alarmed all of Gary and which has caused an unusual display of caution in dealing with dogs, ran up a total of seven cases. Other contagions were: diphtheria, one, and spinal meningitis, two.

BIRTHS DROP TO 16 AS DEATHS IN JUNE RISE TO 22

1st 6 Month Survey Shows Death Rate In Gary Is Near Birth Total

BY DAVID MARTIN

For the first time this year, the Negro death rate during a month was higher than the total number of male and female births. This fact was established by the June report of the city board of health which has just been released by Mrs. Rose C. Smith.

According to figures also compiled monthly, the first six month period of 1929 shows that only 19 more Negroes have been born than died during that period. Figures for deaths were 145

and for births 162. During this same period there were 983 white children born to only 426 white deaths.

In June

The death rate among people of color during June was 22, the figure it has been for three consecutive months. Nine dark boys and seven dark girls saw the light of day during the month's 30 days. The entire city death rate was 72 with the birth total at 187.

There were no homicides here last month. Auto deaths also showed a decided decrease with only three fatalities. May, the worst month for auto deaths in the history of Gary, had 11. Sixteen children less than one year old died in June. There were also 15 cases of death due to heart disease, 8 pneumonia deaths, three from tuberculosis, one from influenza, one from typhoid fever and two from cancer.

Chickenpox was June's worst contagious illness, 13 cases being reported. There were also eight cases of measles, five of scarlet fever, one of typhoid fever and one of smallpox.

Few Women Here

With white births more than 100 per cent greater than Negro deaths and Negro births just slightly in excess of deaths in spite of the reputed rapid reproduction of the Aframerican species it is believed by leading physicians here that the vast difference in such statistics of the two races as shown in the reports comes from the small amount of women of color in Gary as compared with the male population. Men number about 11,500 and women total only 5,800.

Figures for the first six months of the year follow:

	Deaths	Births	Boys	Girls
January ..	20	20	12	8
February ..	27	33	14	19
March ..	32	36	23	13
April ..	22	26	18	8
May ..	22	33	20	13
June ..	22	16	9	7
Totals ..	145	164	96	68

Health - 1929

Kentucky

Louisville, Ky., Courier-Journal
Sunday, March 31, 1929

NEGRO CLINICS ARRANGED HERE

Health Educational Campaign
Laid By Chest Com-
mittee.

DRIVE STARTS TODAY

Plans for Negro Health Week, March 31 to April 7, project one of the most intensive clinical and educational campaigns ever conducted in connection with annual observance of the week in Louisville, it is shown in plans announced Saturday by the Negro Health Committee of the Community Chest Health Council.

Beginning Sunday, health talks will be given in every Negro church of the city. These will be extended to Negro public schools, factories and other groups as the week progresses. Complete medical examinations for all Negroes as an economic and racial safeguard" is to be stressed in each talk. That this is one of the most serious needs confronting Negro life in Louisville is pointed out by the committee in vital statistics showing that the death rate here is 6.1 persons per 1,000 of population greater than the Negro birth rate. Other statistics show that the Negro death rate from tuberculosis last year was between five and six times as great as that of white residents.

Clinics for the examination of children and adults and others for the instruction of Negro physicians are among features of the programme planned by the committee. Following are those offering examinations and advice:

Tuberculosis Clinics, Tuesday and Thursday afternoons, 1 to 3 o'clock, Sunshine Center, auspices of the Board of Tuberculosis Hospital; Wednesday afternoon, 1 to 4, Child Health Conference, Virginia Avenue School, auspices Public Health Nursing Association; Wednesday afternoon, 2 o'clock, Prenatal Clinic, City Hospital; Thursday afternoon, 1 to 4 o'clock, Child Health Conference at Plymouth Settlement, auspices Public Health Nursing Association.

Health - 1929

sicians in charge. Dr. Horton has been medical director ever since the first clinic at 2919 Danneel street was founded.

Louisiana

ITEM
NEW ORLEANS, LA.

JAN 3 1929

The Health of Negroes

(The New York World)

DISPUTING a common impression that the colored race is dying out in the United States, Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company, told the interracial conference that the negro is receiving a large share of the benefits of sanitation and public health work, and is profiting by it. The striking statement follows that "his expectation of life today is the same as that of the white man only thirty years ago."

That the whites in the nation gained 16 percent in number between 1910 and 1920 while the negroes gained only 6 percent was due mainly to white immigration. It is true, Dr. Dublin says, that "the general health of the negro is still about two-thirds higher than that of the whites," but this is due largely to a high tuberculosis rate and to disease at the younger ages, both of which tendencies can easily be checked, and will be.

Negro health progress may slow up for a time because of heavy migrations from the southern country to northern cities, but "the newcomers will catch up economically with their fellows" and avail themselves of "the newer knowledge" of personal and community hygiene.

TRIBUNE
NEW ORLEANS, LA.

JAN 21 1929 NEGROES DEDICATE NEW FREE CLINIC

Two Doctors To Have Charge Of New Medical Center In Leonidas St.

The Universal Negro Improvement association opened its second free medical clinic with dedication services on Sunday afternoon. The new clinic is located at 1901 Leonidas street.

"The purpose of this clinic is to raise the health status of the negro and to reduce the mortality rate," said John Cary, Jr., in the dedication speech.

"We, the Universal Negro Improvement association, believe that the white race help the negro a great deal, but if the negro expects to make real progress he should help himself. With this in view, we give this clinic to mark negro progress in New Orleans."

Drs. Logan Warren Horton and Edward L. Jimnson will be the phy-

Health - 1929

ITEM

NEW ORLEANS, LA.

FEB 24 1929

SEEK FREE DENTAL CLINIC FOR NEGRO CHILDREN

Tentative plans for establishing a free dental clinic for negro children were discussed Saturday afternoon at a meeting of the Council of Catholic Women in the Jesuit's rectory.

The fact was brought out at the meeting that there is no place in the city where negro children can have done free of charge any dental work other than the extraction of teeth.

The women reported on and discussed the health work being done by the organization in the parochial schools, Miss Florence Loeber presided.

TIMES-PICAYUNE
NEW ORLEANS, LA.

JAN 16 1929

NEW NEGRO CLINIC TO BE DEDICATED

The second free medical clinic of the Universal Negro Improvement Association will be dedicated Sunday afternoon. The clinic is at 1901 Leonidas street.

Dr. Logan Warren Horton and Dr. Edward P. Jinson will be in charge of the new clinic. Dr. Horton is also in charge of the association's other clinic at 2919 Danneel street.

Plaquemine, La., South
Sunday, March 9, 1929

Local Health Unit Announces Program For Next Week

The following weekly program of the Iberville Parish Health Unit has been announced by Dr. I. D. Boyette, director for the week beginning Monday March 11th, 1929.

Monday March 11—Fourth visit to the Plaquemine Colored School, (3rd inoculation of toxin-antitoxin for a few students). 2nd inoculation of toxin-antitoxin at St. Louis School. Check on weights of students at St. John's Parochial School.

Tuesday March 12—Fourth visit to White Castle Convent (3rd inoculation of toxin-antitoxin for a few students). Meeting of Plaquemine Mid-Wife Club at the Plymouth Rock Baptist Church at 10:30 a. m. 1st inoculation of toxin-antitoxin at Augusta School.

Wednesday March 13—Inspection of restaurants at White Castle. Meeting of Bayou Goula Midwife Club at the Catholic Church School at 10:30 a. m. 1st inoculation of toxin-antitoxin at White Castle Colored School. 1st inoculation of toxin-antitoxin at Dorseyville Colored School.

Thursday March 14—Fourth visit to Union School (3rd inoculation of toxin-antitoxin for a few students). Meeting of St. Gabriel Midwife Club at Bayou Paul Church. 2nd inoculation of toxin-antitoxin at Morrisonville Colored School. 1st inoculation of toxin-antitoxin at 4th District Colored School, Plaquemine.

Friday March 15—Fourth visit to Turnerville Colored School, (3rd inoculation of toxin-antitoxin for a few students). Meeting of Rosedale Midwife Club at 1 p. m. at Dr. Major's Office.

Saturday March 16—Neo-Salvarsan Clinic for indigent luetic cases at the Plaquemine Sanitarium at 9 a. m. who present an order for treatment from their family physician. Immunization Clinic in office for anyone who desires to be immunized against Diphtheria, Typhoid Fever and Smallpox. Home visits to cases of Tuberculosis by Health nurse.

PARISH HEALTH UNIT ANNOUNCES WEEKLY PROGRAM

The following program of the Iberville Parish Health Unit for the week beginning March 18th, 1929, has been announced by Dr. I. D. Boyett, director.

Monday March 18—3rd inoculation of toxin-antitoxin at St. Louis School. 1st inoculation of toxin-antitoxin at Rivilletown Colored School. 1st inoculation of toxin-antitoxin at Bayou Paul, Sunshine and Carville Colored Schools.

Tuesday March 19—2nd inoculation of toxin-antitoxin at Augusta School. Meeting of the Plaquemine Midwife Club at the Plymouth Rock Baptist Church, at 10:30 a. m. 1st inoculation of toxin-antitoxin at Bayou Goula Colored School. 1st inoculation of toxin-antitoxin at Batesville Colored School. 1st inoculation of toxin-antitoxin at Point Pleasant Colored School.

Wednesday March 20—2nd inoculation of toxin-antitoxin of White Castle Colored School. 2nd inoculation of toxin-antitoxin at Dorseyville Colored School. Meeting of Bayou Goula Midwife Club at the Catholic Church School at 10:30 a. m. Begin inspection of restaurants in Plaquemine.

Louisiana

Thursday March 21—Meeting of St. Gabriel Midwife Club at Bayou Paul Church. 3rd inoculation of toxin-antitoxin at Morrisonville. 2nd inoculation of Typhoid serum at Crescent School. 2nd inoculation of toxin-antitoxin at Plaquemine Colored School.

Friday March 22—Meeting of Rosedale Midwife Club at Dr. Major's office at 1 p. m. 1st inoculation of toxin-antitoxin at Grosse Tete Colored School. 1st inoculation of toxin-antitoxin at Rosedale Colored School.

Saturday March 23—Neo-Salvarsan Clinic for indigent Luetic cases at the Plaquemine Sanitarium at 9 a. m. who present an order for treatment from their family Physician. Immunization clinic in office for anyone who desires to be immunized against Diphtheria, Typhoid Fever and Smallpox. Home visits to cases of Tuberculosis by Health Nurse.

CUMBERLAND, MD.

JAN 29 1929

Saving The Babies

That more babies survived the perils of infancy in 1928, in proportion to the number born during the year in the counties of Maryland, than at any time since such records have been kept by the Bureau of Vital Statistics of the State Department of Health, is shown by a report prepared by that bureau.

Commenting on the figures, Dr. J. H. M. Knox, Jr., Chief of the State Bureau of Child Hygiene, said: "There were 16,012 births recorded in the counties in 1928, of which 12,711 were white and 3,301 colored, with 1,236 infant deaths, 806 white and 430 colored. This gives us an 'infant death rate' of 77. By that we mean the ratio of deaths under one year to every thousand live births.

"When we say that we have a rate of 77, we mean that out of every 1,000 births there were 77 deaths of babies under a year old, leaving 923 survivors out of each thousand born during the year. In 1927, out of every thousand born there were 81 deaths, leaving 919 survivors, and in 1926 there were 92 deaths out of every thousand, leaving 908 survivors. In each instance, these are the rates for white and colored combined. The rate for the white babies separately, is much less than that for the colored babies. In 1928, the rates in the counties were 63 out of each thousand live births for the white babies and over twice that—130—for the colored.

"One of the principal reasons for keeping the records of births and deaths is because they enable us to see what and where our gains and losses are each year, and because they give us definite facts upon which to base our plans for conserving health and preventing disease. If we analyze the records of sickness and death among the children under one year old in the counties last year, we find that the total deaths can be traced to a few main causes. The largest number out of the total of 1,236, were due to prematurity, to injuries at birth, or to an inherent weakness. There were 585 in this group. The respiratory diseases—including pneumonia, bronchitis, influenza, and whooping cough—carried off 257; the digestive diseases, mainly diarrheal, were responsible for 246; and the remaining 148 were caused by infectious and other diseases not included in those

mentioned above. Of the total, over half—619—died before they were a month old.

"It is the study of this last group—the deaths of these babies who lived only a few days or two or three weeks—that shows us where special efforts in saving infant life must be concentrated. Our experiences in Maryland coincide with those throughout the country. Wherever carefully planned work has been done, there has been a marked reduction in the deaths from the digestive diseases, some little improvement in the deaths from the respiratory diseases, but no decrease in the deaths due to weakness, prematurity and similar causes. It is obvious that very little can be done in cutting down the deaths in this group unless the work is started months before the baby's arrival—by giving the mother-to-be the very best possible care. The great advantage of that plan is that two lives are safeguarded—the life of the mother as well as that of the baby."

SUN
BALTIMORE, MD

OCT 10 1928

LUNG BLOCK

There is—or there should be—general public support for the project to provide a playground and recreation center for Negroes on Preston street, near Druid Hill avenue. No section of the city given over to people of the colored race is more congested than the area surrounding the intersection of these two streets. For years it has been the source of so much tuberculosis that health officers have long used the term "lung block" in referring to it.

If the claims of common humanity were not sufficient to awaken the white people of Baltimore to the necessity of relieving this condition in some measure, their own selfish interests should do so. As was pointed out over a period of a year there has been very little decrease. The rate under one year per 1000 deaths is 95.42 for month of July according to the Baltimore City Health Department. During July last year the rate was 105.84, a decrease of 10.42 in twelve months. The white rate for the same period is 51.90 for 1928 and 51.21 this year. There were a total of 203 deaths last month compared with 218 the same month in 1928.

Unfortunately, this is not the only section that has crying need for breathing spaces of this character, a fact which was fully recognized by the framers of the Olmstead report in their recommendations for the most advantageous employment of public funds de-

mentioned in THE SUN yesterday by Mr. Shirley, former head of the City Planning Commission, these recommendations regarded as a primary need increased park facilities in the heart of the city. This fact should have some weight with the Park Board in its strange eagerness to expend the proceeds of the Leakin bequest in acquiring a tract well outside the city limits.

Infant Death Rate Here Almost Doubles White

The colored infant death rate in Baltimore is not only appalling, but every little decrease. The rate under one year per 1000 deaths is 95.42 for month of July according to the Baltimore City Health Department.

During July last year the rate was 105.84, a decrease of 10.42 in twelve months. The white rate for the same period is 51.90 for 1928 and 51.21 this year. There were a total of 203 deaths last month compared with 218 the same month in 1928.

LUNG BLOCK TO BE CONVERTED TO PLAYGROUND

Playground And Park In Area Of School No. 122

2 PROPERTIES TO BE ACQUIRED BY CITY

Project Removes Most Congested And Unsanitary Section In City

Purchase of fifty-two properties, including several lots and rents, for in addition to School No. 122, a playground park and the elimination of the "lung block" in Northwest Baltimore has been announced at the office of the Public Improvement Commission.

The area in the combined projects embrace two and a half acres, and is bounded by Preston street, Camel street, Pear street and Etting street. There are 154 properties and all are being acquired by the city as rapidly as possible.

To Close Two Streets

The elimination of the lung block would necessitate the closing of Greenwillow and Walton streets, between Pear and Etting streets, and four or five narrow alleys.

Pear street will be opened and widened on the east side to fifty feet, from Preston street to Camel street. The Commissioner for Opening Streets have acquired property for the widening of Preston street, on the south side, from Druid Hill avenue to Argyle avenue. A new section of the street will be cut through from Pennsylvania avenue to Argyle avenue.

To Cost \$200,000

It is estimated that the elimination of the lung block and the de-

velopment of the park will cost \$200,000.

The Municipal Architectural Commission met yesterday and appointed Flournoy & Flournoy architects of the proposed addition to School No. 122, Preston street, near Druid Hill avenue, in front of which the playground and park will be located. The addition is estimated to cost \$200,000. Flournoy & Flournoy were the architects of the existing school building, which was erected in 1925.

The movement to eliminate the block was started many years ago. It was revived recently by the Public Improvement Commission and the School Board, with the cooperation of Mayor Broening, the Board of Estimates, a Park Board, City Plan Commission and the Commissioner for Opening Streets.

Razing Starts Soon

It was said at the City Hall that the razing of the 154 houses in the block would be started within a few weeks. The contract for the proposed addition to School No. 122 will be awarded as soon as the plans and specifications can be prepared and approved by the School Board, the Improvement Commission and the Board of Awards.

The park will be laid out by the Park Board. It is expected to be completed next summer.

NEGRO HEALTH WORK EXPANDS

Negro Nurse, Two Health Centers Added In Hinds County

Health work among negroes, particularly with the colored school students, has developed to a point where two health centers and a negro nurse are necessary, according to Dr. W. E. Noblin, Hinds county health officer.

A negro nurse, Beatrice Taylor, is doing preliminary work for the department now and will be added officially to the staff on January 15, Dr. Noblin said today.

The first health center for negroes in the county has been temporarily located at St. Mark's Episcopal negro church school. Equipment has been installed in the school, and in addition to many examination, some corrective work has been done, Dr. Noblin said.

A new health center is to be established at the Catholic negro school, where two rooms are to be added to the school for use as a permanent adjunct. Much preliminary work has been done through this school Dr. Noblin said, and its effects are already noticeable. This lead school officers to offer to construct the additional rooms in which equipment will soon be placed, he said.

HEALTH WORK NEGROES CITED

National Meet in Session Gives Approval to Methods as Model

The move started recently by

Hinds county negro leaders at the instance of the Hinds county health department for the health education of the race, has received the approval and hearty praise of the convention of the National Association of Teachers in Colored schools now in session here.

Health education among negroes is one of the keynote topics of the big national negro meet and the work already initiated by the Hinds county negro leaders, working through their churches, lodges and other organizations, coincides with what the convention is attempting to get started in a national way through local agencies such as

Hinds county is doing. In fact, the local negroes have more or less set an example which is being cited in the convention's study of negro health problems.

PAGE EIGHT

NEGROES TALK HEALTH WORK

Confabs on Health Education Will Be Largely Attended Here

The sessions to be conducted here on Health Education among negroes during the meeting of the National Association for Teachers in Colored Schools will be one of the most important and one of the most largely attended of any of the sub meetings of the organization, it has been announced.

The program for the health education confabs follow:

Section of Health Education
F. Rivers Barnwell, Texas Public Health Association, chairman; Dr. R. C. Brown, Washington, D. C., director exhibits and lectures; Mrs. F. C. Williams, Little Rock, Ark., secretary.

Daily sessions will be held from 8:15 to 11:15 a.m.

Theme: "Education for Economic Efficiency".

NOTE—Those interested in this health study will do well to come promptly, as there is a limited time to the sectional meetings.

"Venereal Disease Control Among Negroes"—Dr. O. C. Wenger, United States Public Health Service.

"Health Examination—A Demonstration"—Dr. A. J. Thomas, Mrs. Beatrice Taylor, R. N., and others.

"Round Table Discussions"—This will be at the end of each period directed by the leader of some of the most important topics before the section.

The literature is for free distribution and you are at liberty to take what you may need.

The exhibits arranged by interested health agencies for your study.

Health agencies assisting: United Public Health Service, National Tuberculosis Association, Texas Public Health Association, Mississippi State Board of Health, Metropolitan Life Insurance Company, Cleanliness Institute, Mississippi Tuberculosis Association, the Rosenwald Foundation, Fisk University, Local Negro Medical Association.

First Session—Wednesday, July 31

1. "Progress in the Control of Tuberculosis"—Dr. Henry Boswell, superintendent Mississippi State Sanatorium.

2. "The Economic Aspect of Tuberculosis and General Health"—S. L. Smith, secretary Julius Rosenwald Fund.

General discussion.

Second Session—Thursday, August 1

3. "A Delineation of Health Work Among Negroes in Mississippi"—The Department of Child Hygiene, Mississippi State Board of Health.

4. "Correlation of Child Health Agencies"—Dr. R. C. Brown, United States Public Health Service, Washington, D. C.

General Discussion.

Third Session—Friday, August 2

5. "Health Play"—Miss Gladys Eyrich, division of Oral Hygiene, Mississippi State Board of Health.

Election of officers.

5 Negro Health Units Organize, Start Campaign

Five negro health units organized in Hinds county have already

begun to function and resolutions adopted by the National Association of Teachers in Colored Schools here have added impetus to the work started, according to a report by B. F. Brooks, secretary of the Negro Educational Health Campaign, to Dr. W. E. Noblin, Hinds County Health Officer.

The report says:

During the month of July, five health units were organized in and about Jackson and Hinds county. An address was delivered to 200 negro women representing most of the counties of Mississippi. They are members of an organization which numbers more than 3000. After the address, a resolution was adopted to make Health Education a slogan for the organization for 1929 and 1930.

We feel that through this avenue we have touched many people and communities. It is our guess that our State Health Department will in the near future see the result of the work being done by our organization. The State Health Officials and each County Health Officer are anxious that the sick and death percentage be as low as possible. They are working overtime to find the causes of these high sick and death percentages. I am sorry that a very great part is placed at the door of the negro.

The National Association of Teachers in Negro Schools for the first time since its organization, met in Mississippi. In this association are discussed all forms of educational work; comparisons are made of plans used in the several states for the best methods of approach in this work. Two outstanding characters in the Health Campaigns were invited to address these teachers: Dr. O. C. Wenger of the U. S. Public Health Service was detailed to represent the government and S. L. Smith, Secretary of the Julius Rosenwald Fund, represented the great philanthropist, Julius Rosenwald. These gentlemen delivered wonderful addresses, giving the facts as they found them from a study of the statistics compiled by the government.

The State and County Health Departments came in for a great share of praise for a demonstration of the work done and being done among negroes in Mississippi.

An opportunity was given a representative of the Negro Educational Health Campaign to tell of the work that our people are doing and have done in assisting to better our sick and health conditions. After the statement of this representative, a resolution was adopted by the Association to make the Educational Health Work a slogan for the teachers in negro schools of 1929 and 1930. Our Health Unit needs to feel proud of the efforts it has made in not only making its work city-wide but it is going to reach throughout the state and government through the mediums above mentioned.

The next meeting of our Health Unit will be August 14th, 1929, at the St. Mark's Episcopal church at 7:30 p. m. The public is invited. Be on time. Dr. C. B. Christian will study with the class in Venereal Diseases.

(Signed) B. F. BROOKS Secretary

Lians Gainer to

Work and Play At Gulfside

Great Seashore Assembly Offers
Varied Program for Improvement of Body, Mind and Spirit.

WAVELAND, Miss., July 7.—

Among the interesting features last month at Bishop Jones' Gulfside Summer Conference Center

was a social work institute, headed by Forrester L. Washington, director of the Atlanta School of Social Work, which was attended by more than twenty professional and volunteer social workers from New Orleans and other towns in Louisiana and Mississippi. Other members of the faculty were Dean S. Yarbrough, Director of Social Science of the Atlanta School, Miss V. G. Harrison, Director of People's Community Center, New Orleans, and C. K. Stalnaker, Director of Williams Community Center in the same city. The institute was considered so successful that plans are being made for a more ambitious effort next summer.

Simultaneously an institute on health and home economics was being carried on, in which the principal speaker was Dr. George E. Vincent, president of the Rockefeller Foundation. Other leaders in this institute were Prof. Monroe N. Work, of Tuskegee Institute, Elmer A. Carter, editor of Opportunity, and Dean S. Yarbrough.

Gulfside is the most important institution of its kind for Negroes in the United States and the only

one in the South. Possessing a brough.

large acreage with a very fine Gulfside is the most impor-
beach and a number of good tant institution of its kind for
buildings, it is every summer the Negroes in the United States
center of important religious, se- and the only one in the South.
cial, and recreational activities Possessing a large acreage with
for colored people, to millions of a very fine beach and a number
whom it is accessible by a few of good buildings, it is every
hours' travel by train or automo- summer the center of impor-
bile. Bishop JoJnes and the Gulf- tant religicus, social, and re-
side Association have been assist- creational activities for colorec
ed in the development of the in- people, to millions of whom it
titution by some of t he big phil- is accessible by a few hours
anthropic agencies which have rec- travel by train or automobile.
ognized its great possibilities.

**AT GULFSIDE CLANS
GATHER TO WORK AND
PLAY**

Great Seashore Assembly Of-
fers Varied Program for Im-
provement of Body, Mind
and Spirit

Waveland, Miss., July—
Among the interesting features
last month at Bishop Jones
Gulfside Summer Conference
Center was a social work insti-
tute headed by Ernest B
Washington, Director of the
Atlanta School of Social Work
which was attended by more
than twenty professional and
volunteer social workers from
New Orleans and other towns
in Louisiana and Mississippi.
Other members of the faculty
were Dean S. Yarbrough, Direc-
tor of Social Science of the At-
lanta School; Miss V. G. Harri-
son, Director of People's Com-
munity Center, New Orleans,
and C. K. Stalnaker, Director
of Williams Community Cen-
ter in the same city. The insti-
tute was considered so success-
ful that plans are being made
for a more ambitious effort
next summer.

Simultaneously an institute
on health and home economics
was being carried on in which
the principal speaker was Dr.
George E. Vincent, President
of the Rockefeller Foundation.
Other leaders in this institute
work were Prof. Monroe N.
Work, of Tuskegee Institute.
Elmer A. Carter, Editor of
Opportunity, and Dean S. Yar-

Health - 1929

DEATHS TOTAL 276 IN 1928

Number of Fatalities 41
More Than for 1927;
Car Accidents Up

According to the annual report made by Dr. L. W. Turner, deputy coroner for Jackson county, a total of 276 Negroes met their deaths through various causes in 1928.

According to his figures the darker race is in no danger of exterminating itself by its own hand as there was not a single suicide last year. An increase is found in deaths caused by automobiles as 18 are listed for last year over a smaller number for the previous year. Other accidental deaths were railroad, 3; elevator, 2; burns, 4; falls from buildings, 6; poisons, 2; falling bricks, 1; suffocation, 1; and freezing, 1.

In the homicide list 39 persons met death by firearms, 10 by a knife or razor, and 2 each died from stabbings, the axe, and from police bullets.

Alcoholism is listed as being responsible for 12 deaths, pneumonia, 17; heart trouble, 9; apoplexy, 6; meningitis, 11; and disease, 34. Also 29 deaths are reported as having been due to tuberculosis, 10 of which was Mexicans, which reduces the tuberculosis total among Negroes to 19.

The total of 276 deaths for 1928 is an increase of 41 over the previous year, 1927.

GLOBE-DEMOCRAT
ST. LOUIS, MO.

Tubercular Death Rate High Among Negroes in City

Annual Report of Urban
League Shows Percent-
age Is 42 Per Cent.

Although 16.67 per cent of the total deaths in St. Louis last year were among Negroes, the latter race accounted for 42 per cent of the deaths resulting from tuberculosis, according to the annual report yes-

terday of John T. Clarke, executive secretary of the Urban League, who declared there is an urgent need for Negro doctors and social workers to combat the prevalent rate of tuberculosis in that race.

The employment department of the Urban League had 19,934 applicants during the year and 3643 calls from employers. The ratio of six persons from every job, Clarke said, is an indication of the lack of opportunity for Negro workers.

Work Difficult.

"The specific work done by the league continued difficult because of the great unemployment among Negroes, which appears to be growing chronic," he continued. "The Negro usually holds his job with less security than any other race and has a harder time in getting any kind of a job to hold. He therefore becomes a higher risk as a tenant and customer. For this reason the practical part of the Urban League program stresses large fields of employment for Negroes at better wages."

Meetings organized by the Neighborhood Department totaled 277. Homes visited for friendly counsel totaled 872.

Nursery to Be Moved.

The Urban League Day Nursery which is the only one for Negro children in the city, gave 4002 days care during the year. The nursery is to be moved from its present location on Jefferson avenue to larger quarters on Morgan street.

Negro Health Week, Negro Industry Week, and several exhibits of work and household activities were among the projects of the league last year.

Lack of proper and sufficient housing for Negroes was deplored in the report, and it was stated that the greatest changes in location in Negro homes in many years took place last year. This was due to a large extent to commercial and civic improvements which demolished former residence districts of Negroes, and reconstruction in the tornado district.

6000 in Best District.

There are 6000 living now in what is considered the best Negro district of the city between Enright and Cook avenues. Here last year there were completed and occupied seventeen apartment and flat buildings, accommodating four to eighty-seven families, 381 residences, twenty-seven bungalows, and living quarters for about 100 families over reconstructed stores. This district comprises only eight blocks.

The amount disbursed by the Urban League last year was \$22,363.65. Community objectives set by the league for 1929 are: adequate care and training of Negro feeble-minded, more playground facilities for Negro children in the area east of Jefferson and north of Washington avenues and larger facilities for homes for old people.

Clean Up of Yards, Neighborhoods, Begun by Better Homes Committee

Clean up of sore-spot neighborhoods has got underway under direction of the Urban League which is cooperating with the Real Estate Board of Kansas City in the annual Better Homes campaign now being held over the nation.

Miss Aminda Badeau, in charge of neighborhood work for the Urban League, and chairman of the colored committee reports that Belvidere Hollow residents are carrying out their bargain to clean up the neighborhood and the city has already hauled several truck loads of refuse for the section. Troop 95 of Boy Scouts, under direction of J. A. Jeffress, is assisting in the clean up at Belvidere.

On the west side, in the 1700 block on Bellevue street, more beautification work is under way with Troop 91 of Boy Scouts assisting. Miss Badeau herself has taken a hand in some of the clean up work, helping with raking of yards and scrubbing of furniture preparatory to painting. Several interiors have been redecorated both on the north and west sides, she reports, and a number of other interior jobs will be started.

General Clean Up to Start

Besides this special improvement work in certain selected sections, the colored committee has assumed responsibility for cleaning up and beautifying the whole district from Twelfth street to Twenty-sixth street and from Troost to Montgall.

Each resident in this area, whether he is a renter or an owner is asked to clean up his yards, straighten fences, plant grass seed and flowers. Boy Scouts have volunteered to make personal visits to residents in the area and give information or assist in the beautifying work.

It is especially desired by the committee that refuse dumps and empty lots which are eyesores be reported to Urban League headquarters. The city trucks will be sent to remove the refuse and residents in the vicinity will be asked to plant a garden or flowers.

Aid, Advice From League

"We are desirous," said Miss Badeau, "that our section of the city be improved as much as other sections and we believe our home owners will strive to make their district as

neat as any other in the city. This is a city-wide movement. No one is "picking on our district for a clean-up." The Real Estate Board is confident the colored citizens of Kansas City have as much pride in their residence districts as any other citizens. I am hoping the district will not fall below the general city average in improvement. Homes do not have to be big to be neat and yards can be well kept although small. Our office at 1731 Lydia, telephone Grand 0550, stands ready to aid and advise citizens in the beautifying campaign."

Three prizes for the best back yards are to be given in July, for the district between Front street and Twelfth; between Twelfth and Eighteenth; and between Eighteenth and Twenty-sixth.

Clean Up and Beautify Your Own Neighborhood

Why not step out in front and show all of Kansas City how to clean up, paint up and beautify a district? Howard E. Huselton, chairman of the Better Homes campaign of the Real Estate Board said yesterday the colored committee in the city wide effort had made more progress than any other group. Why not stay out in front? Here are some of the things you can do to clean up your home and neighborhood.

Clean up back and front yards. Plant grass seed. Plant flower beds or window boxes.

Straighten up fences. Talk to your neighbor and cooperate on block clean-up.

Buy garbage cans or make. Report your rubbish and that on empty lots to Urban League, Grand 0550 and the city will be asked to haul it away.

Purchase of seeds at cost can be arranged through the Urban League, Grand 0550. Also, if you are able, send a contribution to the league toward the fund to buy seeds for people too poor to buy even at cost.

Get the spring clean-up fever and let's show Kansas City how it is done!

WEBSTER WINS COMMUNITY MAJOR PRIZE

Clean-up Campaign Closes
With Picnic-Carnival at
Ramona Kennel Club
Park

Event Sponsored by Watch-
man Advocate, a Weekly
Newspaper at Clayton,
Edited by Fred Essen

Webster Groves Colored Community was announced winner of the Watchman-Advocate Negro Clean-up Contest at the picnic carnival barbecue dance given as the closing exercise of the campaign at the Ramona Kennel Club Park, Saturday, August 2.

The prize was playground equipment. Because a hundred-some odd residents of the Webster Groves division worked and planned all Webster may delight in the addition of slides, swings, see-saws, and such to Douglass School. Through the untiring efforts of the district leader, Mrs. Leola Laird of Euclid Ave., Webster Groves score rose higher and higher when streets were graded and oiled, no dumping-signs were erected along Shady Avenue, when houses were repaired and painted and outbuildings included, and when yards were cleaned up and planted.

In appreciation of her executive ability and genius for organizing and inspiring her townsmen to prize-winning effort, Mrs. Laird was presented with a wrist watch.

Webster Groves claimed winners in two other classifications: Mrs. Emanuel Johnson of Euclid Ave., received the special award for the most beautiful yard entered in the Contest, an electric 8-tube radio; Mrs. Carrie Allen of Shady Avenue, won second place in the individual prizes which were presented for the greatest number of improvements made between the opening of the contest and the closing date. Mrs. Allen received an electric radio also.

An electric washing machine was awarded Mrs. Peter Barney of S. Kinloch Park for scoring the highest in individual yards. Mrs. Jefferson Ross of Clayton who scored very high on the judge's first trip

of inspection, succeeded in making more improvements. The third prize, another radio, was awarded Mrs. Ross.

\$30.00 in nursery orders were divided among Mrs. W. Mothey of Kirkwood who received \$15.00 order for shrubs, Mrs. Annie Brady of Meacham Park a \$10.00 order, and Mrs. L. J. Williams of Chesterfield a \$5.00 order.

Approximately 3500 members of the race witnessed the awarding of merit certificates to the successful contestants in an impressive ceremony at 8 o'clock in the evening. J. E. Mitchell editor of the St. Louis Argus made the presentations. A short address was also made by J. T. Clark of the Urban League.

The events of the day were officially opened by a parade at 11:30 a. m., made up of representatives from the twenty different communities competing in the contest.

The racing events were run off under the direction of Homer Denny of St. Louis, M. Gearin and E. R. Smith of St. Louis County, and were judged by Mrs. Hamilton, W. Richmond Heights, Mrs. Mae Howell, Meacham Park; Mrs. Bessie Love, Richmond Heights, Robert Jefferson, Elmwood; Granger Brooks, Kirkwood, H. B. Goins and H. T. Boulding of Webster Groves. The same officials officiated at the ball game, boxing bouts, and all competitive affairs.

The baseball game trophy, an indoor ball, was won by the Webster Girls over the Kirkwood feminine contingent.

FOOT RACES

Boys' 50-yard Dash

1st Prize—Flashlight

David Hawkins of Webster Groves

2nd Prize—Pocketknife

William Thomas of Webster Groves

Girls' 50-yard Dash

1st Prize—Pocketbook

Bessie Mae Dukes of Brentwood

2nd Prize—Rubber Apron

Lenora Robinson of Webster Groves

Boys' Sack Race

1st Prize—Ball

Julius Mondine of Brentwood

2nd Prize—Belt

Johnnie Gibson of Richmond Hghts

Girls' Potato Race

1st Prize—Compact

Alberta Lee of Brentwood

2nd Prize—Handkerchief

Beulah Shelton of Brentwood

Fat Men's Race

1st Prize—Red Necktie

Fred Allen of Webster Groves

2nd Prize—Billfold

Sam Ford of Webster Groves

Fat Women's Race

1st Prize—Ice Cream Freezer

Mrs. Florence Sanders of Webster Groves

2nd Prize—Beads

Mrs. Lula J. Williams of Fern Ridge

Lean Men's Race

1st Prize—Package Of Cigars

Curtis Tucker

2nd Prize—Cigarette Lighter

M. T. Gearin of Richmond Heights

Lean Women's Race

1st Prize—Percolator

Clara Tyler of Richmond Heights

2nd Prize—Candle Holder

Stacie Mcoppins of Meacham Park

The Boxing bouts ribbons were awarded to John Henry Logan, Sammy Hill, Buster Powell all of St. Louis and William Jenkins of Kirkwood.

RACE DEATH RATES EXCEEDING BIRTHS

Reports 2,161 More Died in Missouri in 1928 Than Were Born

During the year of 1928 the colored population of Missouri had 2,161 more deaths than births, according to a table of statistic just issued by Dr. James Stewart, State Commissioner of Health.

Of the 45,819 deaths reported, 4,735 were colored deaths, or a rate of 24.18 per 1000 colored population.

Of the 63,410 births reported, 2574 were colored births, or a rate of 13.14 per 1000 colored population.

Of the 2574 colored births reported, 442 died under 1 year of age, or a rate of 17.17 per 1000 colored births, or 10.60 per cent of the colored deaths than under 1 year of age.

During the year 1928 there were 338 more colored deaths than in 1927. During the year 1928 there were 1131 fewer births than 1927. During the year of 1928 there were 216 more colored deaths than births reported.

Health - 1929

New York

First All-Day Health Conference Is Held In Harlem By Tuberculosis and Health Association of Harlem

Health Commissioner Wynne Suggests Slogan "Let Harlem Be Health Conscious," After Speeches by Drs. Dublin and Galdston



"Let Harlem be Health Conscious" was the slogan suggested by Commissioner Shirley W. Wynne, upon being introduced by Harry L. Hopkins, director of the New York Tuberculosis and Health Association, at the first all-day conference ever to be held in Harlem, under the auspices of the Harlem Tuberculosis and Health Committee, the City Department of Health and associated agencies, on Wednesday, October 23, at the West 137th Street Y. W. C. A. 11-2-29

This slogan was selected as highly appropriate following addresses by Dr. Ligo Galdston of the New York Tuberculosis and Health Association, and Dr. Louis J. Dublin of the Metropolitan Life Insurance Company, in which belief was affirmed that, contrary to popular superstition, the Negro is not essentially racially susceptible to disease, but is, rather, a victim of a high sickness and mortality rate in New York because of the peculiar economic conditions to which he is subjected.

to these deplored situations. "The salvation of the Negro depends on the Negro himself," said Dr. Galdston, "if, for example, we expect to make headway in our fight against tuberculosis here in Harlem there must be organized agencies to improve the environmental conditions to the fullest extent. For this we need intensive education and this education should be carried on throughout the entire section and by everyone capable of doing so—in the schools, in the churches, in fraternal organizations, and in all places where individuals or aggregates are available for instruction. I predict that with health consciousness will come a Harlem vastly relieved of diseases and released from the yoke of a high mortality."

Others Who Spoke.

Addresses were also made by Dr. Lucien M. Brown, adjunct visiting physician of the Harlem Hospital, on "Quackery in Harlem;" Abby Porter Leland, principal of P. S. 57, on "School Health Education;" Marguerite A. Wales, general director or nurses, Henry Street Settlement, on "What More Can Nurses Do to Reduce the Death Rate in Harlem?" Mrs. Mabel D. Keaton, secretary of the Harlem Tuberculosis and Health Committee; John C. Nail, of Nail and Parker, and Rhenzi B. Lemus, president of the Brotherhood of Dining Car Employees, on "The Improvement of Housing Sanitation in Harlem;" Dr. Louis T. Wright, president of the North Harlem Medical Society, on "The Social Hygiene Problem in Harlem;" Dr. Peyton F. Anderson, chairman of the medical committee of the Harlem Tuberculosis and Health Committee.

NEW YORK WORLD

NOV 17 1929

Harlem Begins Offensive on Disease

Health Department Unites With Other Agencies for Aid of Negroes

By Lester A. Walton

NORTH HARLEM is becoming health conscious!

Negro residents are rallying to the battle cry to wage war on diseases with a view to lowering the community's high sick and death rates.

The offensive has just begun. The plan of campaign is ambitious in its conception and extensive in its range of activities. It has been projected by the City Health Department, the New York Tuberculosis and Health Association, and associated agencies, and will be supervised by eminent medical authorities. Thousands of dollars will be spent by the local government.

During the past week the first important step was taken when the city opened negotiations to take over the Vincent Sanatorium at No. 2348 Seventh Avenue for a health centre. The building was opened in March as a private institution at a cost of \$155,000. It consists of four floors and basement and is ideally arranged for the new purposes for which it is to be utilized.

15 Agencies In the Centre

Fifteen health agencies will be housed in the centre and co-ordinate their efforts, making possible more effective co-operation with the Department of Health. The new health centre, soon to be opened, will become a reality due to the interest displayed by Mayor Walker, Health Commissioner Wynne and Alderman Fred R. Moore of the 19th District.

An intensive drive is to be conducted against tuberculosis and children's diseases, which will be followed by one against heart disease and in the interest of social hygiene. Physicians will visit the public schools and carry on a rigid inquiry with respect to the health of the Negro boy and girl.

At a conference on Negro health recently held in Harlem, the opinion was expressed by Health Commissioner Shirley W. Wynne, Dr. Louis I. Dublin of the Metropolitan Life Insurance Company, and Dr. Ligo Galdston of the New York Tuberculosis and Health Association, that the solution of the problem depends very largely on the co-operation given by members of the race.

Negro physicians were advised to assume a more interested and active leadership and not face conditions emotionally but as they are and deal with realities. The further suggestion was given to interpret facts in terms of community conditions, such as extreme crowding, due to bad housing.

Contrary to popular superstition, the Negro is not essentially racially susceptible to disease, but is rather a victim of high sickness and mortality rate in New York because of the peculiar economic conditions to which he is subjected, is the opinion of Dr. Dublin. He says:

"A fatalistic attitude with regard to the Negro and health is foundationless and destructive. The health conditions of the Negro in Harlem are about as good, if not better, than those of the race in any other large city in the country. The death rate of the Negro in New York City is a little better than that of any Northern city, and

is distinctly better than that of most Southern cities. Only in the rural sections of the South are the race's health situations anything like what we should like to find.

"Obviously, then, we must conclude that there are but two solutions to be adopted in this fight for health in Harlem. First, ameliorative health agencies in the section; second, an honest effort on the part of Negroes themselves to colonize the rural sections outlying New York, and thus avoid the terrible congestion which is responsible for the greater part of their mortality rate, which is even at its lowest in considerable excess of the white mortality rate."

Dr. Goldston thinks the excess mortality rates from pneumonia, tuberculosis and infant mortality, are the result of congested living and not of any mysterious predestination of the Negro to these deplored situations.

Time to Act. Not Explain

"The salvation of the Negro depends on the Negro himself," believes Dr. Goldston. "If, for example, we expect to make headway in our fight against tuberculosis in Harlem there must be organized agencies to improve the environmental conditions to the fullest degree. For this, we need intensive education, and this education should be carried throughout the entire section and by every one capable of doing so—in the schools, churches, fraternal organizations and in all places where individuals or aggregates are available for instruction."

"It is time we did less explaining about the cause of Harlem's high death rate and did more about remedying the situation," suggests Health Commissioner Wynne. "It is time we cease bemoaning the fact that the death rate of New York's colored population is 65 per cent. higher than that of the general death rate of the whites and set about making Harlem more health conscious through the application of definite preventive measures. The fact that we have had to fight quackery and superstition in Harlem more than anywhere else in the city has made the health problem of the district a more difficult one. Moreover, the increase there in population has been so rapid that the available facilities of the Health Department have been overtaxed.

"The fact that the colored suffer severely in New York City from respiratory disease, and that their death rates from pneumonia, and particularly from tuberculosis, far exceed those of the white population emphasizes the need of a health-conscious Harlem. The fact that the infant mortality rate of the colored in 1928 was 124 per 1,000 births, or exactly twice that of whites at sixty-two points again to the vital need for an awakened health consciousness in a community that can boast of a population equal to that of Syracuse and Savannah combined.

"Harlem will be as healthy as it has the medical, social and welfare services to make it healthy. Harlem needs more public health activity and less get-well-quick quackery. Harlem needs to be inspired to greater confidence in its available physicians and discourage

Fatalistic Attitude Wrong.

A fatalistic attitude with regard to the Negro and health is without foundation and destructive, according to Dr. Dublin. "The health conditions of the Negro in Harlem are about as good, if not better, than those of the Negro in any other large city in the country," he said. "The death rate of the Negro in New York City is a little

Particularly serious, it was explained, are the excess mortality rates from pneumonia, which is twice that of the city at large; infant mortality, also twice that of the city at large; and tuberculosis which is three times that of the city at large. All these excesses, said Dr. Galdston, are the result of congested living, and not of any mysterious predestination of the Negro

most emphatically from disreputable word-charmers who delude unfortunate sufferers with glowing promises of cure for any and all ailments.

"I will make it my business to see that the new health centre emphasize and popularizes preventive medicine. The new health centre shall fulfill the important function of teaching people to keep well. There is one thing the new health centre will not do—it will not take away people from their family doctors. Whatever medical services will be offered will be only for those who cannot afford a private doctor. It is in its status as a public health educator that I look to the new health centre to pave the way for the application of preventive measures for the improvement of health in Harlem.

Must Take Definite Steps

"We are continually reminded that the residents of Harlem come, for the most part, from a much warmer climate, where living and working conditions have been radically different. We continue to point to the fact as one of the major reasons for Harlem's present health conditions. There is no disputing that fact. But remember this: We can expect health conditions in Harlem to improve only when we as public health workers have taken definite steps to help those people over that difficult period of transition."

While the charge that much of North Harlem's ill health is due to overcrowding in the home is irrefutable, it is not to be gathered that everybody lives in this unhygienic manner. There are hundreds of families that do not. However, there are thousands of families that do.

Harlem has not been wholly indifferent to its health problem. The following statistical facts reflect the work of the Harlem Tuberculosis and Health Committee since 1925:

1,776 boys and girls have received physical examinations upon being referred by schools and agencies.

The Health Information Bureau has served 9,620 persons, many physician and families using the service daily.

Summer vacations have been given 466 children through the courtesy of foundations and other organizations.

9,239 persons applied to the office for service, including patients, physician and social workers.

67,592 posters and pamphlets have been distributed in schools, churches and public meetings.

80,918 persons attended 318 meetings and motion picture showings.

District Health Centres Declared By Health Commissioner Wynne To Hold Future of Health Work In City

Speaks to Bellevue-Yorkville Health Demonstration, Which Has Provided \$100,000 of Its Resources for Health Department

That the future of public health work in New York City lies in the success of district health centres was stressed by Dr. Shirley W. Wynne, Commissioner of Health, Thursday afternoon, December 12, at the semi-annual meeting of the Bellevue-Yorkville Health Demonstration, East 38th street, of which he is chairman.

"So convinced are we that district health centres keep in closer touch with health conditions in their immediate surroundings," said Dr. Wynne, "that Mayor Walker has pledged twenty new such centres for the treatment of the sick poor and to prosecute vigorously the practice of disease prevention."

"The results obtained by the Bellevue-Yorkville Health Demonstration have proved beyond doubt that concentrated effort in a given district not only keeps down the mortality rate and reduces morbidity but through a campaign of education teaches the residents how to live better and longer."

Dr. Wynne, "is an arrangement to supply medical laboratory service to private physicians for their free patients; or the city. Just as the Fire Department is able to respond to a fire call at a given point when an alarm is sounded, so, too, will the Department of Health be able to respond in the case of a disease outbreak in any one of the health centre districts. To avoid the expense of fitting out each district with a small hospital in the district, the demonstration is contemplating an arrangement to supply the services of an office nurse for one day in the week. In other words we shall be able to use a rifle instead of a shotgun group of physicians who will undertake in this way to increase their preventive practice. Eventually, if the plan is successful, its cost will

be met by charge to patients."

Supplying Health Workers

Dr. Devine then announced that the Demonstration is placing qualified doctors, nurses, clerks, social workers, statisticians, educators and a modern and complete X-ray equipment at the disposal of the Department of Health.

"There is no 'bunk' about this," he added, "We are not exploiting it for publicity purposes. The plans are not imposed from the outside but are agreed upon in conference. No Health Department official or staff member of the Demonstration abdicates or diminishes an iota of authority or responsibility. There are no limitations, except such as the problems themselves present. Even when the most generous giver, as the Milbank Memorial Fund has shown itself to be, offers assistance to the most appreciative recipients as Commissioner Wynne and Mayor Walker have shown themselves to be, both sides know that such gifts given and accepted involve practical adjustments at every step, in order to insure success."

health nurse or medical inspector

which we can avoid making, mean that much more service which we can render where this is needed."

One of these new health centres will soon be opened in Harlem.

Two Important Experiments

Dr. Edward T. Devine, director of the Bellevue-Yorkville Demonstration, in opening his address announced that the Bellevue-Yorkville Demonstration had offered the Department of Health about \$100,000 of its resources for the year 1933 and that the Department had accepted the money. He also announced that the Demonstration "had decided upon two important experiments."

"The first of these," said Dr. Devine, "is an arrangement to supply medical laboratory service to private physicians for their free patients; or the city. Just as the Fire Department is able to respond to a fire call at a given point when an alarm is sounded, so, too, will the Department of Health be able to respond in the case of a disease outbreak in any one of the health centre districts. To avoid the expense of fitting out each district with a small hospital in the district, the demonstration is contemplating an arrangement to supply the services of an office nurse for one day in the week. In other words we shall be able to use a rifle instead of a shotgun group of physicians who will undertake in this way to increase their preventive practice. Eventually, if the plan is successful, its cost will

Health - 1929

New York.

Health Commissioner Wynne Reports Increase of 1,500 Cases of Illness From Tuberculosis In New York City 30 Per Cent Increase in Population in Past Twenty Years Due to Influx of Foreigners Who Are Predisposed to Tuberculosis

Belief that tuberculosis was subsiding in the City of New York was upset last week when it was shown that not only has there been an increase of more than 1500 cases, but the death rate for 1928 jumped 2.4 points over that of 1927.

These figures are given in the annual report of the Association of Tuberculosis Clinics of Greater New York, which points out that immediate steps must be taken to curb the spread of the "white plague." It also stresses that the first primary move of importance must be the arousing of the citizens to the full understanding of the causes for the amazing one years' gain.

Situation More Complex

Health Commissioner Shirley W. Wynne, who is President of the Association, has pointed out that the thirty percent increase in the population of New York City in the last twenty years has been due to a large extent, to the influx of Negroes, Mexicans and Porto Ricans, peoples predisposed to tuberculosis. This coupled with the fact that housing conditions within the limits of the city have not improved proportionately to the city's growth, is seen, in the report as making the tuberculosis situation more complex.

Prompt warfare, with renewed vigor, says the report, must be waged if the disease is to be curbed and again gotten under control. Better clinics, and more of them, all more fully equipped with X-ray and laboratory requirements are to be established. These will facilitate immediate diagnosis of the clinic applicants, particularly among the child and adolescent groups.

The total attendance at the Association's clinics in the past year was 87,057, and of these 19,651 were for first examination, as against 18,149 in 1927, says the report. Among the new applicants, 21 percent were found to have tuberculosis, as against 23 percent in the previous year. It is pointed out that while this fact is encouraging, inasmuch as the people in general are becoming more aware of the value of health consciousness and are gradually discharging the bogey that an examination of the chest pre-establishes disease, it must be remembered that tuberculosis is in the ascendency. "Counterbalancing this bit of encouragement," said Dr. Wynne yesterday in making the report, "is the fact that two-thirds of those applicants pronounced tuberculous were already in an advanced stage of the disease. Out of this has necessarily grown an insistence on the part of physicians in charge that every member of the household of a tuberculous patient be examined, that this continual check on the situation disclosed may provide a hopeful method of achieving control of all contacts."

"It is likewise hoped that the establishment of adequately manned and equipped consultation centers by the Health Department for the use of private physicians and those patients who cannot afford a private consultant's fee will secure full cooperation of the patients."

early diagnosis and a lessening of morbidity and mortality rates.

Service In Clinics

"Service in tuberculosis clinics is not limited to mere reception and diagnosis of patients," said Dr. Wynne. "Equal in importance to this work is that of 'follow up' observation and care of registered cases and the development of extensive preventive measures among those in danger of infection, especially children. At the outset of the past year, for example, there were 4,207 children under sixteen years of age under observation throughout New York. Of these, 3,638 were discharged. During the course of the entire year, 8,144 new children were admitted to the clinics and examined, an increase of 515, or 7 percent over the preceding year. The total of 4,506 re-admitted children, most of them under sixteen, was 4 percent in advance of the corresponding number of the year before."

"A total of 58,291 visits by nurses to homes and other agencies on behalf of patients is recorded to the credit of the clinics for the past year, which is a four percent increase over the home visits of the previous year. In addition to these, the Department of Health staff also made 105,986 visits in its supplementary service of general health inspection rendered to "non-clinic" citizens whose residence in New York places them in danger of the inroads of tuberculosis.

"The third step in the Association's work is providing institutional care for all cases of active tuberculosis which can possibly be managed. Last year, 1891 persons were cared for in sanatoriums and hospitals devoted to this service which was 27.5 percent of all patients disposed of during the whole year. As the clinics, to a certain extent, are more successful in discovering earlier cases of tuberculosis and are more familiar with the requirements for admission to institutions, it is likely that many must owe their lives ultimately to the greater speed with which they were assisted in obtaining appropriate sanatorium or hospital care."

Most Important Part

"The fourth step is that of providing proper medical places for the periodic return and re-examination of those patients who have been discharged from sanatorium and other institutions. This is the most important part of all treatment—the well regulated after life and the most demanding of time and patience of the public servants. It cannot be accomplished with any degree of success without the full cooperation of the patients."

Of prime importance is the necessity that they understand that but approximately 18 per cent of cases dismissed from institutions can be definitely arrested ones, because of the limited accommodations of New York's hospitals, and that re-turn from an institution to home does not mean that care and continued reporting to a physician is no longer required. During the past year, 6 percent of the tuberculosis cases on record were discontinued during the fourth period of care because of "unwillingness to attend." This figure, though it may seem low at first glance, constituted an increase of 28.9 percent over the culpably self negligent among tuberculosis patients of the preceding year.

"The future and immediate objectives of the Association, according to its report, are to obviate such conditions as these through a program of general health education, the augmentation of better clinical facilities, unceasing follow up of all contacts and further studies relative to particular problems."

The Association of Tuberculosis Clinics, embraces twenty-nine dispensaries which extend over every part of New York. Seventeen of these are maintained by the New York City Department of Health, eight are conducted under private hospital or dispensary auspices and four come under the jurisdiction of the Bellevue and Allied group of hospitals.

CITY HEALTH CENTRE TO RISE IN HARLEM

Wynne Plans \$250,000 Clinic
to Fight High Death Rate
Among Negro Population.

WALKER BACKS PROJECT

Mortality in Section Is Now
65% Above Normal Ratio of
City, Officials Declare.

WELFARE BODIES PLEDGE AID

Institution Designed as Nucleus for

Similar Ones to Be Erected in Other Boroughs.

New York, N.Y.

The congested district of North Harlem, where mortality rates have been found to be far in excess of those in other parts of the city, soon will have a model health centre, to be erected at a cost of between \$250,000 and \$300,000, Health Commissioner Wynne announced yesterday. Pointing out the value of the various health centres already operating here, Dr. Wynne said that his new project will add one more link to a chain "which obviously should be developed throughout the city."

Among the agencies already at work in the negro section, co-operating with the Health Department, he mentioned the Urban League, Henry Street Visiting Nurse Service, Children's Aid Society, New York Tuberculosis and Health Association, Association for Improving the Condition of the Poor, Charity Organization Society and the New York Diet Kitchen.

Present Facilities Inadequate.

"North Harlem, with the largest colored population of any community in the world, conservatively estimated at 200,000 persons, is probably now the most thickly inhabited section of Manhattan," Dr. Wynne said. "And yet it is one of the districts with the least number of medical, social and welfare services."

Saying the Harlem population represents a race changing from farm life to city life, the commissioner declared that the change is reflected in health conditions. Its death rate for the first six months of 1929, he said, was almost 40 per cent in excess of the city rate, while the deaths from communicable diseases are double those of the average city rate. The death rate in Harlem in 1928 exceeded the whole city's by 65 per cent.

Tuberculosis and infant mortality also have taken a heavy toll among the negro population, he found.

Announcing that Mayor Walker and other civic leaders are in full accord with the Health Department's plan, Dr. Wynne said:

More Centres Planned.

"The establishment of a centre in North Harlem should be but a beginning in the development of city health centres throughout the city. Obviously great centres of population in the rapidly growing boroughs of Brooklyn, Queens, Bronx and Staten Island are quite as much in need of this type of service as is the Borough of Manhattan, and I fully believe

that within the next few years we shall be able to establish throughout the city centres dedicated to protecting the health of our population. The situation would seem to indicate that the next centres should be established in the boroughs of Brooklyn, Bronx, Queens and Staten Island.

Provision has already been made by the city for the erection of a Health Department building in the Bronx, part of which will serve exactly the same purpose as we propose to establish in Harlem."

Dr. Wynne said that the proposed health centres would in no way usurp the province of physicians or interfere with the relationship of patient to his private doctor.

Among those who have approved the new health centre and the commissioner's subsequent program are Harry L. Hopkins, director of the New York Tuberculosis and Health Association, and Bailey B. Burritt, director of the Association for Improving the Condition of the Poor.

Metropolitan Life Statistician, at Health Meeting, Doubts Man's Years Will Ever Be Extended.

Dr. Wynne said that the proposed health centres would in no way usurp the province of physicians or interfere with the relationship of patient to his private doctor.

Among those who have approved the new health centre and the commissioner's subsequent program are Harry L. Hopkins, director of the New York Tuberculosis and Health Association, and Bailey B. Burritt, director of the Association for Improving the Condition of the Poor.

SAYS SPAN OF LIFE SEEMS FIXED AT 80

Metropolitan Life Statistician, at Health Meeting, Doubts Man's Years Will Ever Be Extended.

Dr. Wynne said that the proposed health centres would in no way usurp the province of physicians or interfere with the relationship of patient to his private doctor.

Among those who have approved the new health centre and the commissioner's subsequent program are Harry L. Hopkins, director of the New York Tuberculosis and Health Association, and Bailey B. Burritt, director of the Association for Improving the Condition of the Poor.

Dr. Wynne said that the proposed health centres would in no way usurp the province of physicians or interfere with the relationship of patient to his private doctor.

Among those who have approved the new health centre and the commissioner's subsequent program are Harry L. Hopkins, director of the New York Tuberculosis and Health Association, and Bailey B. Burritt, director of the Association for Improving the Condition of the Poor.

Dr. Wynne said that the proposed health centres would in no way usurp the province of physicians or interfere with the relationship of patient to his private doctor.

Among those who have approved the new health centre and the commissioner's subsequent program are Harry L. Hopkins, director of the New York Tuberculosis and Health Association, and Bailey B. Burritt, director of the Association for Improving the Condition of the Poor.

Dr. Wynne said that the proposed health centres would in no way usurp the province of physicians or interfere with the relationship of patient to his private doctor.

Among those who have approved the new health centre and the commissioner's subsequent program are Harry L. Hopkins, director of the New York Tuberculosis and Health Association, and Bailey B. Burritt, director of the Association for Improving the Condition of the Poor.

he appears unable to master its weakness or give it stamina to last longer.

Centenarians Are Few.

"The breakdown of the human body occurs well on this side of the century mark, except in a few isolated instances. We hear much about the number of centenarians in the United States. There are about 5,000 persons in this country claiming they have reached this age, but the great majority of them are mistaken as to their age—most of them honestly so. Practically every investigation of centenarians has disclosed the woeful lack of reliable records of their true ages.

"The span of life for the great majority of persons seems to be closer to eighty years than a hundred. In the population of the United States, which numbers 120,000,000, there are only a little more than 700,000 who have attained the age of 80, or six-tenths of 1 per cent of the population—and this proportion will probably grow less.

"What has happened in the field of public health and sanitation has caused the confusion and misunderstanding on this subject. That twenty years have been added to the average length of human life, since public health work began to be actively practiced in the early '80s of the last century, is true. But this gain can be traced to the reduced mortality of infants and to the cutting down of the unnecessary and preventable deaths of young people from typhoid fever, diphtheria, scarlet fever, smallpox and a host of other diseases which, for the most part, affect persons under 40 years of age.

Improvement Slight After 40.

"Improvement, after the age of 40, has been slight and almost altogether limited to women. This lack of improvement is all the more striking in view of the great effort that has been made to interest those in middle life in the conditions of their health. Such campaigns as center around the annual physical examination are very desirable, but their value, so far as they go to extending the life span, is questionable. The greatest worth is in making old age freer of discomfort."

Dr. Dublin was especially concerned with the situation disclosed by the figures of mortality for the years since 1920. In the general population of the United States and among the insured of the Metropolitan Life Insurance Company, the

No improvement is seen after old age has set in. In fact, according to Dr. Dublin, the figures all show a decreased ability to survive an appreciable number of years after the age of 65, and he concluded by saying that the processes of aging are still a secret, and how to delay these processes is one of life's unsolved mysteries.

NEW YORK WORLD

BRONX, N. Y. NORTH SIDE NEWS

OCT 13 1929

BIG HEALTH CENTRE FOR NORTH HARLEM

Building Will Cost \$200,000 to \$300,000, Says Wynne

Negro citizens of North Harlem are to have one of the best health centres in the city, its building to cost between \$200,000 and \$300,000. Work on the project is to be started soon, Health Commissioner Wynne announced yesterday after a conference with Mayor Walker.

Representatives of agencies on a committee of neighborhood health development considering the establishment of health centres throughout the city, were all agreed with the commissioner that the new project will materially reduce the death rate in the North Harlem district and aid in curbing tuberculosis.

"North Harlem, with the largest Negro population of any community in the world, conservatively estimated at 200,000 persons," said Dr. Wynne yesterday, "is probably the most thickly inhabited centre in Manhattan. Yet it is one of the districts with the fewest medical, social and welfare services."

During the first six months of 1929 the Commissioner said there were 1,670 deaths in the North Harlem district, a rate of 17 per 1,000 population or almost 40 per cent. in excess of the city rate. In the same period there was a registration of 3,889 new cases of communicable diseases, representing almost 4,000, per 100,000 population.

Dr. Wynne said that while the general death rate of white persons in the city in 1928 was 12.64 per 1,000 population, that of the Negro residents was 20.88 per cent.

"The Negroes suffered severely in New York from respiratory disease," said Dr. Wynne, "and their death rates from pneumonia, and particularly from tuberculosis, far exceed those of the whites."

He revealed that June 30 in the Harlem district there were 1,314 cases of

tuberculosis registered, of which 318 remained at home without medical care of any kind, and 475 were without any reports.

Dr. Wynne gave credit to Fred R. Moore, Alderman of the 19th District, for his support for the new health centre.

The Commissioner believes the establishment of the North Harlem Centre should be only the beginning of development of health centres throughout the city. He said that Brooklyn, Queens, the Bronx and Staten Island are quite as much in need of this service as Manhattan. Provision has been made already for a new health centre in the Bronx.

BRONX, N. Y. NORTH SIDE NEWS

OCT 13 1929

TUBERCULOSIS NOT ON WANE IN CITY

Clinics' Report Shows Increase of 1,500 Cases of "White Plague"

Belief that tuberculosis was subsiding in New York City was upset when it was shown that not only has there been an increase of more than 1,500 cases, but the death rate for 1928 jumped 2.4 points over that of 1927. These figures are given in the annual report of the Association of Tuberculosis Clinics of Greater New York which points out that immediate steps must be taken to curb the spread of the "white plague." It also stresses that the first primary move of importance must be the arousing of the citizens to the full understanding of the causes for the amazing one year's gain.

Health Commr. Shirley W. Wynne who is President of the Association has pointed out that the thirty per cent increase in the population of New York City in the last twenty years has been due to a large extent, to the influx of Negroes, Mexicans and Portuguese, peoples predisposed to tuberculosis.

Dr. Louis K. Middleton

Appointed to Board of Health's Dental Clinic

Dr. Louis K. Middleton, dentist of 201 West 120th street, Manhattan, has been appointed to duty in the dental clinic of the public schools by the Board of Health, the appointment being made October 3 with Dr. Middleton taking up his duties on October 7, his first assignment being at P. S. 13, Borough of Richmond. He is on duty

from 9 a. m. to 12 noon. Dr. Middleton is a native of Savannah, Ga., a son of that city's oldest families, and graduated from the University of Illinois, class of 1922. He served overseas as first lieutenant with the 368th Infantry, and is a member of Alpha Phi Alpha fraternity; the Masons, Alchemists and United Sons of Georgia, Inc.

The appointment comes as the result of a civil service examination, in which only 86 out of 187 succeeded in placing. Dr. Middleton's mark of 82.80 placed him third on the list of the successful ones.

NEW YORK WORLD

SEP 11 1929

TUBERCULOSIS HITS NEGRO

Charleston Report Shows 1,146 of Race

Died in Total of 1,505

CHARLESTON.—Out of 1,505 persons dying from tuberculosis in South Carolina 76 per cent. or 1,146 were Negroes, figures announced at the Charleston County Tuberculosis Association headquarters reveal.

This situation needs attention, Mrs. Ashley Halsey, Executive Secretary, said because of what it reveals regarding the ignorance of the Negro in respect to the prevention of the disease. Humanitarian instincts should play a part in furthering interest in both prevention and cure, she thinks, and a equally large share of attention should be bestowed from a viewpoint of simple caution. As long as the Negro is ill-informed as to the nature of tuberculosis, the danger to whites is correspondingly greater.

The national average for deaths last years shows three Negro deaths to one white, while the average for Charleston County was eleven to one. More than 100 deaths were recorded in every county in South Carolina.

Health—1929

NEW YORK.

NEW YORK WORLD

JUN 30 1929

NEGROES WARRING ON TUBERCULOSIS

Late Statistics Show Susceptibility of Race to Plague

The "White Plague" has become essentially a Negro plague in New York City, according to figures just made public by Godias J. Drolet, Statistician of the New York Tuberculosis and Health Association. In 1915 the total number of deaths from all forms of tuberculosis in New York City was 10,249, and Negro deaths furnished but 5 per cent. of that number, or slightly over 500 victims. In 1928 the total number of tuberculosis deaths had been reduced to 5,326, virtually half, but the Negro deaths had risen to nearly 800 or 15 per cent. of the total number.

Moreover, says Mr. Drolet, according to figures compiled from reports of the Bureau of Records, New York Department of Health, while the deaths among whites have, since 1920, been decreased by 31 per cent, the Negro tuberculosis deaths have increased by 8 per cent.

"Of course," says Mr. Drolet, "it is only fair to say that during that period the Negro population has greatly increased, just how much we have no definite means of knowing, since we have had no accurate census since 1920. The census of 1925 did not show the number and proportion of Negro population. It is estimated, however, that there are to-day 250,000 Negroes living in the city, most of them massed in Harlem, with a few other small Negro districts here and there in other parts of Manhattan and Brooklyn. If 250,000 is the correct estimate for Negro population, that means that they form about 4 per cent. of the total population. Yet in 1928 they furnished 15 per cent. of the total tuberculosis deaths.

Heredity Important

"There is a very good reason why the blacks are so susceptible to tuberculosis when they find themselves massed in cities. All peoples not accustomed to city life are unusually susceptible. The Jew is found to be the least susceptible, because his race has for centuries lived in cities and is thoroughly inured to town life, crowding and lack of outdoor exercise. The English, too, are used to town and factory life, and their tuberculosis death rate is low. The Italian has had cities

2,000 years and we find his tuberculosis death rate low.

"But the Irish, the Scandinavian, the French and Western Americans are very susceptible when they try city life. Mortality among Mexicans who come North to American cities is unusually high. In Kansas City, for instance, where many Mexicans have during the past few years settled to work in the stock yards, the tuberculosis mortality rate increased 15 per cent. in one year, according to figures for 1927 and 1928. So we may conclude that one's immunity to tuberculosis depends upon the amount of town life behind him, in his ancestry, as well as in his personal experience.

"One of the most tragic aspects of the Negro tuberculosis problem in New York is that so many children are affected. Among white and foreign-born people, only 8 per cent. of the tuberculosis deaths are of children under fifteen years of age; among the Negroes, 12 per cent. of the deaths are of children, and 8 per cent. occur among children under five.

"This is partly due, no doubt, to the fact that the economic condition of the family makes it imperative for the mother to go out to work, so that the children are irregularly and poorly fed. Malnutrition is a great ally of tuberculosis, lessening resistance, though, oddly enough, Negro children seem to be much less susceptible to minor children's diseases such as diphtheria, measles, chicken pox and the like. The black child seems to be the White Plague's favorite victim."

Poverty Great Factor

At the Harlem Committee of the New York Tuberculosis and Health Association, Dr. Henry O. Harding, Chairman of the Harlem Committee, and Miss Gertrude Sheridan, field worker, gave additional data.

"Aside from the racial tendency to tuberculosis among Negroes," said Dr. Harding, "the economic condition of the average Negro family is a strong factor in the tuberculosis problem. Negroes are not welcomed in many of the trades unions, so while the white working man's wages are to-day higher than ever before, thanks to his unions, the Negro workman, often a skilled and intelligent worker, is not wanted."

"It is difficult for an uneducated Negro to earn more than \$25 weekly, and this sum is to-day insufficient to maintain a family in decent surroundings and with proper food. Even when the wife earns something additional by day labor as laundress or cleaning woman, the financial situation of the average Negro family is precarious, in this day of high rents and high food prices. And the children, who should be having the best of food, the best of care and the most regular sleep, are, in many cases, failing to get them, and naturally become very non-resistant to tuberculosis."

"Just now our chief concern is to find camp places for children, for if any children in the city need fresh air, vacations, they are the Negro children of Harlem. Last year we were able to send 154 children to camps, but ten times that many were in vital need of a taste of country life and good wholesome food. Would that some philanthropist would provide a great vacation camp just for Negro children and mothers. There is considerable pre-

dice in some vacation camps against admitting colored children.

Camp Badly Needed

"It has just taken a solid month of work and wire-pulling to get a little blind colored boy admitted to a camp North to American cities is unusually for blind children. Probably this was a matter of prejudice on the part of the adults who care for the children, as white and black children play together amicably enough at schools and elsewhere.

"But this incident shows the great need of a large vacation camp for Negro children, with Negro adults to care for them. Undoubtedly much tuberculosis in children could be prevented if we had such a camp at our disposal, where malnutrition, cases and children from especially poor homes could be cared for from two to ten weeks each summer.

"One of the best things the Harlem Committee of the New York Tuberculosis and Health Association is doing is to hold an Institute annually for doctors in this district, which extends from 110th Street to 155th Street, and from Third Avenue to St. Nicholas Avenue. This Institute is like a fine post graduate course in medicine, and the doctors who enroll have a fine opportunity to watch what is being done for tuberculosis control in the district and to learn the latest scientific facts about the disease and its care."

Miss Sheridan, district field worker, said that tubercular cases are discovered by the visiting nurses, by the school nurses, who give health examinations, by local physicians and by friends who have themselves been helped by the committee. Much health literature is distributed in the district and people are generally urged to be examined by their own doctors or to come to the committee headquarters at No. 202 West 136th Street if they suspect that they have the disease.

Cared for Family

Pamphlets are often distributed at the churches in the district, special films are shown in churches and in some of the motion picture houses in the district, and special effort is made to interest the children in health.

Sometimes the visit of a child to the Dental Clinic uncovers a case of incipient tuberculosis. Once the cases are located, they are registered and every effort made by the committee to handle not only the one tuberculosis case in the family but the whole family burden as well.

"One of the most recent cases we have handled," said Miss Sheridan, "was that of a family of eight. The mother had tuberculosis, the father was out of a job, and they lived in dire poverty. We simply had to shoulder the burden of the whole family. The mother was sent to a hospital, the four younger children to a preventorium, through the agency of the Harlem Hospital, and a decent boarding place was secured for the father and oldest children. Jobs had to be found for the father and oldest boy of course."

"And what will be the outcome?" Miss Sheridan was asked. "Will you look out for that family indefinitely?" "Just as long as is necessary," she said. "If all goes well the family may be reunited by another year. I recall a case two years ago. I found a mother of four small children with a mod-

erately advanced case. She was unwilling to go to a hospital because she felt that she could not leave her children uncared for, and hiring a housekeeper was out of the question on her husband's slender earnings.

Evict Tenants

"With his consent, however, we first gave the children six months in a good country preventorium and then arranged for one of the grandmothers to keep house for the motherless little family. Fifteen months at Sea View S. I., arrested the mother's disease and she was so improved that I did not recognize her when she came into the clinic here one day with one of her children to have its teeth looked after.

"Another case we are watching," went on Miss Sheridan, "is that of a family where no actual tuberculosis yet exists, but where conditions are so deplorable that we know well enough it may seize one or more victims at any time. The family consists of father, mother and eleven children, and they live in three rooms in a dark basement; the father is janitor of the building. Each year we send all those children to camp, as preventive measures to build up their health and resistance."

Harlem landlords are exceedingly wary about renting to anyone suspected of tuberculosis. Once a visiting nurse is seen to go into a certain building a few times, the landlord watches to see what family she visits, and promptly evicts it.

One social worker sat on the steps of a dreary basement one whole day to prevent the eviction of the family that occupied the few miserable basement rooms, where one of the members had contracted tuberculosis, determined to keep the unhappy little group together until the sick member could be sent to a tuberculosis hospital and a better home found for the others.

There are 3,600 beds for tubercular patients in New York, but that number is insufficient, in view of the 5,300 tuberculosis deaths last year. About 75 per cent. of these beds are free.

The work of the New York Tuberculosis and Health Association is almost entirely supported by the sale of the Christmas seals.

NEGRO HEALTH CENTER

New York Will Build Big Structure in Harlem.

9-9-26 Refuta 1929
New York, September 8.—(AP)

North Harlem, the largest populated negro community in the world, is to have a model health center. Shirley V. Wynne, city health commissioner, today revealed plans for a \$300,000 building there. The community has approximately 200,000 persons, Wynne said, and is the most thickly populated center of Manhattan, but as the least number of medical, social and welfare services.

HARLEM CLEAN-UP ORDERED BY DEEGAN

100 Inspectors Are Detailed to District to Clear Litter From Halls and Areas.

William F. Deegan, Tenement House Commissioner, has ordered 100 tenement inspectors to start on Dec. 16 a clean-up of Harlem tenement hallways and alleyways, it was announced yesterday by Frederick W. Wells, negro president of the Harlem Renters' Association, 200 West 135th Street. Mr. Deegan's action, Mr. Wells said, was in response to a request for a clean-up sent on Dec. 10. He expressed gratification at the prompt reply of Mr. Deegan, made the day he received the request.

Mr. Wells's letter read: "My organization has directed me to inform your department as to the insanitary condition of the multiple dwellings in Harlem. The particular of the complaint are concerning public parts of these dwellings within the boundary between 115th Street on the south, 149th Street on the north and from river to river—east and west. There is an accumulation of vermin and various sorts of dirt, filth and garbage in areas and alleyways connected with or belonging to the dwellings within said area."

"More than 175,000 men, women and children live within these limits in defiance of the laws of sanitation. Unless your department acts in this matter immediately, we may all suffer much grief. We would advise the pointing of extra inspectors immediately." 12/14/29 N.Y.
Mr. Deegan's reply was as follows: "Beginning Monday, Dec. 16, I have decided to place between 115th and 149th Streets, from the Hudson to the Harlem rivers, 100 inspectors or a clean-up of the district. You are at liberty to give this to the press, if you so desire."

The request for a clean-up, Mr. Wells said, was a result of a survey now being conducted by his association. Of 1,500 houses already seen, he said, 75 per cent were found to be violating the tenement sanitation laws. The survey ultimately will include 5,000 houses, he said.

Mr. Wells said that not more than four or five inspectors have been assigned recently to Harlem in the area to be cleaned up.

OCT 19 1929

Tuberculosis on Increase Here; Newcomers Blamed

TUBERCULOSIS, rather than decreasing, is on the rise in New York. There has been an increase of 1,500 cases and the death rate for 1928 jumped 2.4 points over that for 1927.

These figures were given out yesterday in the annual report of the Association of Tuberculosis Clinics of Greater New York.

The report emphasizes that the first move to combat the "white plague" must be in arousing citizens to a full understanding of the causes for the increase in cases.

One of the chief reasons, the report states, is that housing conditions within the limits of the city have not improved proportionately to the city's growth.

First All-Day Health Conference Held in Harlem; Wynne Speaks

heaven world 11-2-29 New York, N.Y.
Let Harlem Be Health Conscious Is the Slogan Suggested by Health Commissioner Wynne—Dr. Lucien M. Brown Among Speakers

Dr. Dublin. "The death rate of the Negro in New York City is a little less than that of most southern cities. Only in the rural section of the south are the Negro's health situations anything like what we should like to find."

"Obviously, then, we must conclude that there are but two solutions to be adopted in this fight for health in Harlem; first, ameliorative health agencies in the section; second, an earnest effort on the part of Negroes themselves to colonize the rural sections outlying New York and thus avoid the terrible city congestion which is responsible for the greater part of their mortality rate, which is, even at its lowest, in considerable excess of the white race."

Particularly serious, it was explained, are the extreme mortality rates from pneumonia, which is twice that of the city at large, infant mortality also twice that of the city at large and tuberculosis, which is three times that of the city at large. All these excesses, said Dr. Gladston, are the result of congested living and not of any mysterious predestination of the Negro to these deplored situations.

A fatalistic attitude with regard to the Negro and health is without foundation and destructive, according to

"The salvation of the Negro depends on the Negro himself," said Dr. Gladston, "if, for example, we expect to make headway in our fight against tuberculosis here in Harlem there must be organized agencies to improve the environmental condition to the fullest extent. For this we need intensive education and this education should be carried on throughout the entire section and by every one capable of doing so—in the schools, in the churches, in fraternal organizations and in all places where individuals or aggregates are available for instruction. I predict that with health consciousness will come a Harlem vastly relieved of disease and released from the yoke of a high mortality."

Addresses were also made by Dr. Lucien M. Brown, Adjunct Visiting Physician of the Harlem Hospital on "Quackery in Harlem"; Abby Porter Leland, Principal of P. S. 1577, on "School Health Education"; Marguerite A. Wales, General Director of Nurses, Henry Street Settlement, on "What More Can Nurses Do to Reduce the Death Rate in Harlem?"; Mrs. Mabel D. Keaton, Secretary of the Harlem Tuberculosis and Health Committee; John E. Nail, of Nail & Parker, and Rienzi B. Lemus, President of the Brotherhood of Dining Car Employees, on "The Improvement of Housing Sanitation in Harlem"; Dr. Louis T. Wright, President of the North Harlem Medical Society on "The Social Hygiene Problem in Harlem"; Dr. Peyton F. Anderson, Chairman of the Medical Committee of the Harlem Tuberculosis and Health Committee.

NEW YORK TIMES

6 WAYS TO CUT HARLEM DEATH RATE

Six City Health Groups Meet to Discuss Program for New Centre There.

BAD HOUSING IS STRESSED

Congestion Causes Mortality Told 40 Per Cent Higher Than City as a Whole, Experts Assert.

Representatives of city health and welfare organizations convened the first annual Harlem Health Conference yesterday and discussed plans for the improvement of living conditions in the negro section where the death rate as a result of congestion was said, is 40 per cent higher than the rate for the city as a whole. "When the program which will revolve around the new model health centre to be established by the Department of Health is carried out," Health Commissioner Wynne told the conference, "we will be able to show a very definite decrease in morbidity and mortality in this heavily congested district."

The health centre, which has been approved by Mayor Walker, will be erected at a cost of between \$250,000 and \$300,000.

Virtually all of the representatives of the six cooperating agencies at the conference testified to overcrowded conditions and disease resulting from congestion in unsanitary houses. The low economic position of the negroes was held to account for the "poor housing and bad health" by Dr. Peyton F. Anderson of the Harlem Tuberculosis and Health Committee.

At the morning session in the Y. V. C. A., 179 West 137th Street, Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company, said that while health conditions in Harlem were better than in the negro sections of other large cities, the death rate was seventeen per 1,000.

"This high rate is primarily due," he said, "to the heavy congestion of 10,000 persons in the small area that Harlem covers. The population has doubled in the last ten years and Harlem is the most heavily congested area in the whole city. The increase in the mortality rate above that for the city is due to the higher infant mortality in Harlem."

Dr. Dublin said the infant mortality rate for Harlem for 1928 was 14 for every 1,000 births, compared with sixty-two per 1,000 birth among the white population of the city. The tuberculosis death rate in Harlem last year was 300 per 100,000 population, as against seventy-five per 100,000 among the white population of the city.

Pneumonia, he said, took nearly three times as many lives among the negroes as among white persons with 360 deaths per 100,000 as compared with 150 per 100,000 among the white population. The mortality rate for maternity cases, he said, was ten per 1,000 cases among negroes as against five for every 1,000 cases among white persons.

Dr. Iago Galdston, of the New York Tuberculosis and Health Association, asserted that there was no such thing as racial susceptibility to disease from a biological viewpoint. Where there is a high percentage of

tuberculosis among negroes, he said, it is mainly due to environment. Dr. Galdston said the salvation of the negro and his health problem would depend on the negro himself. The leadership in improving environmental conditions, he added, should come from the medical profession.

A luncheon was held in the Bamboo Inn, 2,389 Seventh Avenue.

At the afternoon session, the nurse's part in reducing the death rate, and housing conditions, were discussed.

The six organizations cooperating in the conference were: Harlem Tuberculosis and Health Committee, New York City Department of Health, Visiting Nurse Service of the Henry Street Settlement, New York Urban League, North Harlem Medical Society and the Welfare Council of New York City.

Health-1929

OGDENSBURG

NEW YORK

JAN 17 1929

Personal Health Service

By WILLIAM BRADY, M. D.

Signed letters pertaining to personal health and hygiene, not to disease diagnosis or treatments, will be answered by Dr. Brady. A stamped, self addressed envelope is enclosed. Letters should be brief and written in ink. Owing to the large number of letters received, only a few can be answered here. No reply can be made to queries not conforming to instructions. Address Dr. William Brady, in care of The Republican-Journal Ogdensburg, N. Y.

Have Negroes Better Teeth?

It is the common belief that negroes have finer teeth than white people. Has this belief any foundation in fact? Or is it a fancy based on the contrasting whiteness of the teeth against the brown pigment of the negro skin? If negroes have better teeth than white people, how come? Do negroes take better care of their teeth than white people do? Are negro children more carefully instructed in the regular brushing of the teeth than white children are?

The census showed that there were nearly ten and one-half million negroes in the United States in 1920. Of these, two and one-half million were between 5 and 14 years of age. In 1925-26 federal, state and city health departments co-operated in a study of the physical and mental status of 5,170 negro school children in Atlanta, 4,885 of whom had lived in the city most or all of their lives, so that they fairly represented the urban negro child.

Thirty-one per cent. of the 5000 negro children were entirely free from dental caries (decayed teeth, cavities). Compare this remarkable showing with a group of negro children in South Swaziland, South Africa, of the Bantu tribe, only 25 per cent. of whom were found free from dental caries. The doctors who studied the native children living in Kraals believe the evidence favors the view that the diet of the mother before the child is born and the diet of the child in infancy, and early childhood are responsible for the poor teeth of the negro children in Africa.

Of the 3400 Atlanta negro school children with defective teeth 33 per cent. had only one or two small cavities. Ordinarily we consider teeth that show only one or two small cavities good teeth, so that it is fair to assume that 64 per

cent. of the negro children living in cities or towns have excellent teeth, and probably such children living in the country have still better teeth.

The examiners who gathered the data say nothing about the standard of care of the teeth among these children. Probably the rite of brushing the teeth is here, as among children generally more honored in the breach than the observance, like washing behind the ears. Negro children are singularly fortunate in both respects.

Such dental surveys or tabulations are interesting and stimulate speculation, but I shall draw no inferences now. This is a good time, however, to remind prospective mothers of some salient facts in the newer knowledge of the teeth.

1. The theory that brushing or daily cleaning of the teeth prevents decays (caries) is unsupported by scientific evidence.

2. The diet of the expectant mother has much to do with the quality of teeth the child will develop.

3. The most important essential of this diet is an adequate supply of Vitamin D (antirachitic), which enables the body to utilize calcium (lime). This vitamin is present in butter and in egg yolk, but nowadays it is a good custom for the expectant mother to take a daily dose of two of cod liver oil, which is the richest known source of Vitamin D.

4. A liberal quantity and variety of foods containing calcium (lime) must be included in the diet of the expectant mother, and here are some of the best: Cheese, milk, eggs, cabbage, beans, turnips, carrots, prunes, oranges, oatmeal, peanuts, almonds, walnuts.

SENTINEL

ROME, N. Y.

JAN 10 1929

Negro Death Rate Drops.

The high death rate of the Negroes in the United States, which was formerly given such emphasis, has declined until the race is now subject to no greater mortality than were the whites thirty years ago; and there is now every reason to expect that shortly the figures for

the two races will become about even. At least such appears to be the conclusion of Professor S. J. Holmes of the zoological department of the University of California, who has been studying the statistics for all parts of the United States in which they are available in accurate form.

"Whereas," he tells us, "formerly the Negro armies have been marching north to their destruction," in several Northern states and cities "Negro births have become more frequent than Negro deaths." He continues:

The last two volumes on birth statistics, for 1924 and 1925, show more births than deaths in California, Connecticut, Illinois, Indiana, Maryland, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Utah and Washington, whereas in 1915 all these states in the registration area which had any considerable number of Negroes showed, with the exception of Massachusetts, an excess of deaths over births.

Professor Holmes's report is available only in condensed form. It is not made to appear he has given consideration to the fact only within very recent years has the Negro population in the North attained considerable figures, and that when the migration really got under full head the greater number of arrivals from the South would naturally be of advanced years. That would almost necessarily result in a greater death rate than for the resident whites. But the longer the Negroes were in the North, having opportunity to bear children, thus reducing the age average for the entire black population, the greater the reason to expect a lowering of the death rate—all other things being equal.

The foregoing suggestion is, however, based upon an assumption which might not be fully sustained if statistics could be obtained—to the effect that Negroes coming

northward have not generally migrated in whole families to anything like the same degree that was the case with white immigrants from Europe before the quota laws were applied so strictly.

Professor Holmes has taken into consideration that the white death rate has varied from circumstances attending immigration, for he observes:

Hitherto the whites have increased much more rapidly than the Negroes, but we should remember that up to the period of the great war we were receiving annually a large army of immigrants from Europe, and that these immigrants were a very prolific group. Had it not been for our immigrants and their immediate descendants the rate of increase of our white population would have approached much more closely to that of the Negroes. Perhaps the future will see a larger proportion of Negroes in the North than in the South.

It is safe to assume that the increasing opportunities opened to the Negroes for earning money and living like the better type of white wage earners, the better will they be able to withstand the rigors of the colder climate. But disquieting reports have recently come from Harlem as to the crowded conditions of the tenements housing Negro families in New York City's black belt.

Health Workers Decry Alarming Death Rate

"More stress is placed on cattle raising in many parts of the country than to child raising in Harlem," Lemuel Foster of the Victory Life Insurance Company told his hearers at a health meeting Thursday evening at Abyssinian Baptist Church, 138th street, near Seventh avenue.

The insurance men and five other health and welfare workers decried the lack of parental attention paid children who are allowed to play on the streets late at night. Diet, fear of health examinations and exploitation by white insurance companies were declared contributors to the high death rate.

Speakers taking part in the health symposium were Aaron Smith, president of Abyssinian Forum, sponsor of the meeting; Mrs. Mabel D. Keaton of the Harlem Committee of the New York Tuberculosis and Health Association, and James H. Hubert of the New York Urban League. Others were Dr. P. M. H. Savory, vice-president of the insurance company, and Dr. Anna Cooper Johnson, dentist.

WORLD

APR 8 1929

TUBERCULOSIS HITS N. Y. NEGROES HARD

Malady Increases Among Them, Health Figures Show

Despite the steady decrease in pulmonary tuberculosis deaths in this city since 1910, mortality statistics just compiled show the malady is increasing among the Negroes here and that in 1928 the tuberculosis death rate among Negroes was about three to three and one-half times greater than that of the rest of the population.

The marked increase last year has caused the Department of Health to take steps to curb the spread of the disease among Negroes. A call has been sent out to leaders in Negro communities for a conference with the health officials, looking to a co-operative program whereby physical examinations will begin at once in an effort to halt the disease in its incipient stages.

With an estimated population of 6,000,000, the total deaths from pulmonary tuberculosis in this city in 1928 rose to 4,636, and of these, although the estimated population of the race here is only about one twenty-fourth of the total, the Negro deaths rose to 702, or a fraction over one-sixth of the total number of deaths. This means that, based on the 1,000 population computation, the Negro death rate was 2.8, as against 0.7 per 1,000 of the other 5,750,000 population.

Because exact figures are not available on the Negro population of the city in 1928, the statisticians of the Department of Health put the figure at 250,000. This was arrived at by comparing the death rate from 1910 to 1920.

Only once in the nine years, since 1920, has the pulmonary tuberculosis death rate among the Negroes of New York City been higher than it was in 1928. In 1920 the rate was 3.3 per 1,000. The next year it fell to 2.5, but in 1925 rose to 3.0. In 1926 and 1927 it was 2.5 and 2.6, respectively. In 1928 it rose to 2.8.

Among the rest of the 5,750,000 population the opposite has been the rule. In 1920 the rate per 1,000, for all of the population, exclusive of Negroes, was 1.0. The next year it dropped to 0.9, the following three years it showed 0.8 and since 1925 and on through 1928 it stood at 0.7.

WOULD AID NEGRO HEALTH.

Dr. H. R. M. Landis Stresses Race's Need for Medical Corps.

Dr. H. R. M. Landis of the Henry Phipps Institute, at Philadelphia, who has been engaged for fifteen years in tuberculosis prevention work among negroes, yesterday addressed a meeting of white and negro representatives of welfare agencies working in Harlem, at 202 West 136th Street, on the city negro's health problems.

Dr. Landis stressed the need of a well trained corps of negro physicians and nurses and of developing among the negro a more vital interest in his own health problems.

Representatives of the social agencies expressed a spirit of cooperation and a desire for an all-day conference to be held in the Fall.

NEGRO TUBERCULOSIS TOLL

Report shows Rate Three Times That Among White Residents.

Tuberculosis deaths among the negro residents of New York City are three times as large as among white residents in proportion to numbers, according to the statistics and estimates published in the weekly bulletin of the Department of Health issued March 30. The bulletin suggests that this condition, together with the high infant death rate among negroes, indicates the need for intensive health work, and pledges the cooperation of the department in any such effort.

Statistics cited indicate that the total number of deaths among negroes in the city since 1910, whereas the white population has shown an opposite trend during the same period. In 1910 the total tuberculosis deaths among negroes was 440, in 1928 it was 702; among the white population the 1910 total was 8,352, the 1928 total 3,934. During that period the rate for the white population has declined from 1.8 to 1.0, while the negro rate has decreased only from 4.7 to 3.3.

NEW YORK TIMES

APR 11 1929

WOULD AID NEGRO HEALTH.

Dr. H. R. M. Landis Stresses Race's Need for Medical Corps.

Dr. H. R. M. Landis of the Henry Phipps Institute, at Philadelphia, who has been engaged for fifteen years in tuberculosis prevention work among negroes, yesterday addressed a meeting of white and negro representatives of welfare agencies working in Harlem, at 202 West 136th Street, on the city negro's health problems.

Dr. Landis stressed the need of a well trained corps of negro physicians and nurses and of developing among the negro a more vital interest in his own health problems.

Representatives of the social agencies expressed a spirit of cooperation and a desire for an all-day conference to be held in the Fall.

TRIBUNE

APR 11 1929

Negro Health Aid Sought

Tuberculosis Peril to Race Stressed at Conference

Tuberculosis is five times more prevalent among Negroes, Dr. H. R. M. Landis, of the Henry Phipps Institute, University of Pennsylvania, told a joint meeting of welfare organizations yesterday at the headquarters of the New York Urban League, 204 West 136th Street.

The consensus was that there was no hereditary susceptibility, but that the comparatively poorer manner of living was to blame. Dr. Landis said the chief problem was to bring the patients to the clinics, and that Negro nurses were needed to work among families and discover the cases. An all-day conference will be held later to co-ordinate the institutions working for better health in Harlem.

Dr. Linsly R. Williams, president of the New York Tuberculosis and Health Association, opened the meeting. Dr. Iago Galdston presided, and among the speakers were Dr. Peyton F. Anderson, Miss Grace Reeder, Dr. L. K. Neff, Miss Elizabeth McKenzie, Lemuel L. Foster, the Rev. Shelton Hale Bishop, Dr. Lucien Brown and Miss Mary Downs.

BRONX HOME NEWS

APR 12 1929

Health Agencies Unite to Discuss Methods of Combating Disease in Harlem District

Methods of fighting disease in Harlem were discussed at a joint meeting of the Health and Welfare Agencies at the Urban League, 202 W. 136th St., near Seventh Ave., the other afternoon. Dr. Linsly R. Williams, director of the New York Academy of Medicine, presided.

House-to-house canvassing by public health nurses was recommended by Dr. H. R. M. Landis, of the Henry Phipps Institute, Philadelphia, as the most effective means of combating disease among the colored population. Dr. Landis said he never has known a colored public health nurse to be rebuffed by a person of her race.

Dr. L. K. Neff, of Harlem Hospital, offered the aid of his institution in the preventative work to be carried out by the united efforts of the New York Tuberculosis and Health Assn. and the Henry Street

Visiting Nurse Service in co-operation with the Urban League and other local agencies.

"Many authorities are not at all sure that the high tuberculosis death rate among negroes has a racial explanation," Dr. Neff declared. "Economic conditions, resulting in inadequate housing, and other predisposing conditions, may account for the high mortality."

Rev. Shelton Hale Bishop, of St. Philip's P. E. Church, 212 W. 134th St., outlined the co-operation which may be expected from the religious institutions of the district in plans to further preventive work.

Other Disease Prevented

Tuberculosis as a barometer of general health conditions was described by Dr. Iago Galdston, of the New York Tuberculosis and Health Assn., who emphasized the fact that methods taken for its prevention also act to modify the ravages of other diseases.

Other speakers were Dr. Peyton F. Anderson, Harlem Tuberculosis and Health Committee; Grace Reeder, Welfare Council; Elizabeth McKenzie, Visiting Nurse Service of Henry St. Settlement; Lemuel L. Foster, New York Urban League; Dr. Lucien Brown, North Harlem Medical Society.

Dr. Abby Leland, principal of P. S. 157, 327 St. Nicholas Ave.; Mrs. J. Ida Jggetts, St. Mark's, M. E. Church; Mrs. E. Aspinwall, Parent-Teachers' Assn. of New York City; Belle Davis, National Health Circle for Colored People, and Mrs. Cecilia Saunders, executive secretary, W. 137th St. Y. M. C. A.

Tuberculosis Deaths and Infant Mortality Is Greatest in Harlem

Death from tuberculosis among the Negro tenants in New York City are three times as large as among white residents in proportion to numbers, according to statistics published in the weekly bulletin of the department of health.

Taking the number of deaths from 1910 on, it is shown that both tuberculosis deaths and the infant death rate have decreased at an almost imperceptible rate, while among the white residents the decrease has been greater.

This state of affairs is due to the extremely unsanitary and crowded condition in the segregated district of Harlem where Negro workers are forced to live.

BRONX HOME NEWS

MAY 5 1929

Harlem Tuberculosis Clinic in New Ruling Aims for Naturalization of Colored Aliens

Colored persons who receive treatment at the clinic of the New York Tuberculosis Assn. in Harlem, must be able to speak English, a new ruling at the institution provides. Although no one will be turned away from the clinic because he is unable to speak the language, it is made plain that if the treatment requires several visits, steps will be taken to assure the officials that the person who is so benefited is trying to learn the language, and to become a citizen of the United States. It is expected that the alien colored population of Harlem will be greatly reduced by this requirement of the clinic.

Although it is not generally known, according to Mrs. Mabel Doyle Keaton, executive secretary of the Harlem clinic of the association, there are great numbers of colored people in Harlem who come from Central and South American countries and from the islands of the Caribbean Sea that are unable to speak English.

They have presented difficulties to the doctors and nurses of the clinics who cannot determine as many

facts as are necessary concerning their illness because of the limitations of language.

Orders were issued at the clinic some time ago that these persons must be accompanied to the offices by persons who could speak English. Often, says Mrs. Keaton, they are accompanied by children attending schools, sometimes not members of their families.

Will Urge School Attendance

Records will be kept of such persons and they will be urged to attend classes for foreigners to learn the language. "No one has ever been turned away from this clinic because he could not speak the language," said Mrs. Keaton. "We find some way in which to obtain the information that we need."

"It sometimes necessitates expenditure of time which could be more profitably employed, however, and we want to eliminate the condition as far as possible."

"We feel that people who are made to understand that they are receiving the benefits of the association's work for the general health of the community will feel the desire to become citizens of the country in which such assistance is provided for them."

Health - 1929

Winston-Salem, N. C., Sentinel
Thursday, February 28, 1929

MAY SECURE AID IN HEALTH WORK

**Dr. Laughinghouse and a
Representative of Rosen-
wald Fund Coming Here.**

Program of the Health Institute at Winston-Salem Teachers' College will likely be broadened and reach into the field of public health, according to information obtained today.

Work at the college has been endorsed by public health authorities and Dr. Chas. O'H. Laughinghouse, secretary of the North Carolina State Board of Health, and Mr. Embree, of the Julius Rosenwald Fund, will come to this city early next week for the purpose of con-

fering with health officials and college authorities.

The city and county health departments have well established programs for work among the colored people and should plans under way succeed they will permit a more extensive program to each unit of local government.

Where the work among the colored people is meritorious and where conditions exacted by the Rosenwald Foundation are complied with, financial assistance is given the local government in plans for enlarging the public health work.

Winston-Salem, N. C., Times
Friday, March 6, 1929

HEALTH SURVEY

AMONG NEGROES

**Survey of Health Conditions
Begun in This State Yester-
day Under the Personal Di-
rection of Edward Embree,
President of Julius Rosen-
wald Foundation.**

Raleigh, March 5—Preliminary survey of health conditions among the Negro population and hospital facilities available for their treatment begun in North Carolina yesterday under the personal direction of Edward R. Embree, president of the Julius Rosenwald Foundation, accompanied by Dr. W. S. Rankin, di-

rector of the medical section of the Duke Foundation, will probably become the basis for administration of a new fund of \$30,000,000 which will be established by Mr. Rosenwald.

As yet only the primary purposes of the fund have been set up, and until officials of the Foundation have acquainted themselves with the needs of the Negro no definite disposition of the fund will be made. Mr. Embree and Dr. Rankin will continue their inspection and study of health condition in the State for several days, undertaking to thoroughly acquaint themselves with conditions and needs before taking any further steps.

Yesterday, Dr. Rankin and Mr. Embree, with Dr. W. C. Davidson, dean of the Medical School of Duke University, visited several hospitals in Eastern North Carolina where provision is made for the treatment of Negro patients. They inspected St. Agnes Hospital here, the small Negro hospital at Henderson, the Negro ward in the community hospital at Roanoke Rapids, and similar places in Rocky Mount and Wilson. They returned to Raleigh last night and today will continue their survey.

In some measure the new Rosenwald fund will supplement the many millions already spent by the Chicago millionaire in establishing modern schools for the Negroes in the South. Mr. Embree said last night that there was as yet no definite announcement to make about the operation of the fund. The condition is entirely new to the Rosenwald foundation, and until a thorough study has been made of health conditions, nothing will be determined upon definitely. At present they are just studying the need, and when that is established plans for the administration of the fund will be formulated.

Both Dr. Rankin and Mr. Embree were enthusiastic in their commendation of the work that is being done at St. Agnes hospital here. Dr. Rankin said that there is not a better conducted hospital in the State than this, and that the work done here is of immense value. Mr. Embree said that one apparent need among the Negro population is for trained nurses to work among the population, but further than that he did not venture an opinion as to the mode by which Mr. Rosenwald's newly provided fund will be disbursed.

North Carolina

NEWS

Saldobaro, D.C.

MAY 26 1929

ATTENDED BY MIDWIVES

In Wayne County in 1927 there were 332 births attended by midwives, according to figures published in the current University News Letter. This figure represents 24 percent of the total births in the county for that year and places the county 34th in rank among the 100 counties of the state in the number of births attended by midwives.

In North Carolina nearly one-third of all births are attended by midwives, the counties ranging from 4.4 percent in Alamance to 73.0 in Warren. During the year 1927 there were 83,930 births reported in the state, 24,454 of which were attended by midwives. The number of births attended by midwives ranged from nine in Clay to 980 in Halifax county. There were eighteen counties in which more than 400 births were attended by midwives.

Approximately one-seventh of all white births and seven out of every ten Negro births are attended by midwives. It is most probable that the excessively high infant mortality and maternal mortality rates in North Carolina are largely the

result of the prevalence of the practice of midwifery.

The geographic distribution of the practice of midwifery makes an interesting study. The proportion of white children delivered by midwives in the piedmont country is rather small. The ratios are high in the counties east of the fall line, or the coastal plains area, and highest in the tide-water and mountain counties, with the exception

of a half-dozen urban counties.

At least four-fifths of all Negro births in the eastern half of the state are attended by midwives. The ratio is considerably lower in the piedmont counties as a rule, and lowest in the Carolina highlands. There are only three counties in the eastern half of North Carolina with as many as one-third of the Negro births attended by doctors.

North Carolina, with 6,500 midwives, leads the United States in number. Approximately one-seventh of all the midwives of the United States are in North Carolina.

**TRIBUNE
CONCORD, N. C.**

JUN 5 1929

BIRTHS ATTENDED BY MIDWIVES.

It may be surprising to the public as a whole to know that nearly one-third of all births in North Carolina are attended by midwives, the counties ranking from 4.4 per cent. in Alamance to 73.0 per cent. in Warren.

For the last year for which figures are available Cabarrus ranked near the top, there being only 19 counties in the State showing a smaller percentage of births attended by midwives. The figures show 190 births attended by midwives in Cabarrus, or 16.2 per cent. of the total.

The University News Letter advises that during the year 1927 there were 83,330 births reported in the State, 24,454 of which were attended by midwives. The number of births attended by midwives ranged from nine in Clay to nine hundred and eighty in Halifax county. There were eighteen counties in which more than 400 births were attended by midwives.

Approximately one-seventh of all white births and seven out of every ten Negro births are attended by midwives, and The News Letter says "it is most probable that the excessively high infant mortality and maternal mortality rates in North

Carolina are largely the result of the prevalence of the practice of midwifery."

North Carolina, with 6,500 midwives, leads the United States in number. Approximately one-seventh of all the midwives of the United States are in North Carolina. Just why they are considered an explanation of our high infant and maternal death rates may be seen from the following quotation from the North Carolina Monthly Health Bulletin:

"The midwife of Robeson county is rather typical of the midwife of the South. Out of one hundred and twenty-eight midwives registered, over one hundred are colored and only thirty-eight can read and write; the average age of each is fifty-six years, and the average number of confinements attended by each midwife annually is nine. Wassermanns were taken on sixty-three midwives and thirteen showed positive.

"These midwives are, except in rare instances, ignorant, untrained, incompetent women, and some of the results of their obstetric incompetence are unnecessary deaths and blindness of infants, and avoidable invalidism, suffering and deaths of mothers."

North Carolina is a fertile field for the midwife due to the fact that we have only one physician for every 1,210 inhabitants, being outranked in this particular by forty-four states.

The geographic distribution of the practice of midwifery makes an interesting study. The proportion of white children delivered by midwives in the Piedmont country is rather small. The ratios are high in the counties east of the fall line, or the coastal plains area, and highest in the tidewater and mountain counties, with the exception of a half-dozen urban counties.

At least four-fifths of all negro births in the eastern half of the state are attended by midwives. The ratio is considerably lower in the Piedmont counties as a rule, and lowest in the Carolina highlands. There are only three counties in the eastern half of North Carolina with as many as one-third of the negro births attended by doctors.

Not only is the infant death rate high in North Carolina, but also the maternal mortality rate is high. The maternal mortality rate for the state was 8.2 per one

thousand live births in 1925. During that year six hundred and ninety mothers were reported to have died from puerperal causes. Six counties reported no deaths of mothers resulting from childbirth. The rate was highest in Jones county with

20.2 deaths of mothers resulting from childbirth per one thousand live births. In thirty-three counties the maternal mortality rate was above ten per one thousand live births. There appears to be some tendency for counties with high infant death rates to have high maternal mortality rates, but there are many exceptions.

North Carolina makes an unfavorable showing in maternal mortality when compared with other states. Out of thirty states reported in 1923 only four had maternal mortality rates higher than North Carolina. There is no foreign country for which data are reported whose maternal mortality rate is anywhere near as high as North Carolina's.

Charlotte, N. C. News
Friday, July 26, 1929

State I am Cars With County Health Budget's Total Is Up \$1,800

Board Adopts Appropriations Totaling \$21,948— Additional Nurse to Be Employed.

The Mecklenburg County Board of Health today adopted a budget of \$21,948 for the new fiscal year, and received reports of health activities during the year just closed.

Those present at the meeting included Chairman R. Neal Hood, Dr. R. L. Gibbon, Dr. Tom Craven, of Huntersville, Frank A. Edmonson, with Mayor George E. Wilson not attending.

The Board's approved budget was \$1,800 higher than last year, the increase being accounted for in the need for trading in two old automobiles and the purchase of new ones and the employment of an additional negro nurse for maternity and infancy cases.

The budget's revenues will be forthcoming from the State, \$3,750;

Mecklenburg County, \$15,300; County Board of Education \$1,500; the City of Charlotte, \$625, and a surplus from last year of \$773.

Dr. W. A. McPhaul, County health officer, and Dr. E. H. Hand, assistant County health officer, were present with reports.

Quarantine reported: Measles, 1; pertussis, 164; scarlet fever, 49; diphtheria, 65; smallpox, none; chickenpox, 44; typhoid, 151.

Vaccinations: Smallpox, 1,273; typhoid, 933; diphtheria, 1,780.

Veneral disease control, 2,115 cases.

Nearly 3,200 children were given medical examination in schools.

Health - 1929

HERALD

Durham, N.C.

DISEASE REPORT IS RELEASED BY HEALTH OFFICE

Communicable Disease Report
For 1928 Indicates That Negroes Are Less Susceptible To Most Diseases In This Category Than Whites

With the exception of smallpox, tuberculosis, and syphilis, Negroes are less susceptible to communicable diseases than are whites, statistics for 1928 released yesterday by the Durham county health department would seem to indicate.

Taking into account the fact that there are approximately two whites for every Negro in Durham county and comparing the ratio of the population with that of the number of cases of any disease except the three mentioned strengthens rather than weakens the previous statement.

In discussing this situation, which is borne out by statistics compiled throughout the country, few scientists will commit themselves as to the reason why this is so. Some contend that the Negro is a more virile race than the Caucasian or white. Others maintain that there is such a thing as racial immunity to certain diseases.

In numbers, measles led the list with 1,028 among whites, and 338 among Negroes, making a total of 1,366. Chicken pox was next on the list with 671 cases among whites, and 135 among Negroes, making a total of 806.

Statistics for the other diseases follow.

Disease	White	Negro
Septic sore throat ..	1	0
Phtharmia neonatorum	1	0
Pallomyelitis	1	0
Scarlet fever	70	6
Diphtheria	60	5

Smallpox	24	192
Whooping cough	191	87
Typhoid fever	8	2
Diarrhea	83	14
Syphilis	108	114
Gonorrhoea	138	37
Chancroid	31	11

Durham, N. C. Morning Herald
Sunday, January 13, 1929

RATIO OF DISEASE IN FAVOR OF NEGROES

Whites Lead in Communicable Diseases in County Past Month in All Divisions

The white population of the county during the past month led in the number of communicable diseases reported, by a ratio of 6 to 1, according to the monthly report made public by the county health department.

A total of 238 cases were reported, and of this number 205 cases were reported among the whites, as compared to only 33 cases among the Negro population. The communicable diseases registered during the week include diphtheria, scarlet fever, measles, whooping cough, chicken-pox, tuberculosis (all forms) and venereal diseases.

Thirteen diphtheria cases were reported, all among the whites. There were 10 cases of scarlet fever among the whites and one case among the Negroes. A total of 129 whites were affected by chicken-pox, and six Negroes. Thirty-one cases of whooping cough were reported in the white division and 11 in the Negro division. Fifteen whites received treatment for venereal diseases and nine Negroes. One case of measles was reported for each division.

There were five deaths from tuberculosis during the period and one death from diphtheria.

The report shows that for every Negro child having chicken-pox in the country, there are 21 white children affected with the disease, while the ratio for whooping cough is three to one.

Friday, January 12, 1929

DENTIST TO WORK IN NEGRO SCHOOLS HERE

The local board of health announced today that the state has sent a Negro dentist here with a portable dental outfit to work in the Negro schools of the city and county. The dentist is Dr. L. S. Holloway and he is employed by the state board of health for clinical work in the Negro schools through-

North Carolina.

out North Carolina.

TIMES
RALEIGH, N. C.

JAN 21 1929

NEGRO MEDICAL SOCIETY AGAINST PERSON'S MEASURE

Would Make Doctors And Druggists Bootleggers, They Say

The North State Medical Society, composed of negro physicians, dentists and druggists in North Carolina, is "unalterably opposed" to Senator Willie M. Person's bill to allow drug stores to dispense whiskey under doctors' prescriptions, Dr. J. B. Davis, of Louisburg, a director of the society, has wired the committee that reported out the Person bill last week.

Dr. Davis, who lives in Senator Person's home county of Franklin, wired that the members of the North State Medical Society "are unalterably opposed to any measure that would make bootleggers of doctors and druggists."

The Person bill will come up for a vote on the floor of the Senate Monday night.

Clinics At Colored Schools To Start

The Beaufort County Health Department will start her pre-school clinics in colored schools of the county next Tuesday morning.

At the completion of these clinics, clinics will be held in the long term high schools.

The following is the schedule for the week:

Tuesday, April 2, Winsteadville, 9:30 to 11 o'clock. Sidney and Spring Green schools to go to Winsteadville. A clinic will be held in the afternoon at the Yeatesville school. Rodman school at Yeatesville.

Wednesday, April 3, Pantego, 9:30 to 11 o'clock.

Thursday, April 4, Washington colored schools, 9:30 to 12 o'clock.

Friday, April 5, Belhaven, 9:30 to 12 o'clock.

OBSERVER

Fayetteville, N.C.
OCT 15 1929

PELLAGRA DEATHS INCREASE

According to figures taken from the report of the several state hospitals for the treatment of the insane the majority of cases entering the institutions are those where insanity has been caused by pellagra or venereal diseases. The Goldsboro hospital for the negro insane report that one-third of the deaths at that institution during the past three months have been from pellagra. Such results are alarming and give sufficient reason for recent efforts of the State authorities to stress the necessity for preventive measures throughout the State in combatting the ravages of this disease. The fact that pellagra like tuberculosis is so easily preventable makes for an unfavorable impression as to conditions in the State. Excuses are easily found for the high death rate from diseases about which little is known or for which no treatment or cure has been found. But for diseases so easily checked and prevented to cause such an alarming death rate is certainly not conducive to good publicity outside the bounds of the State.

Pellagra being a disease that is neither infectious nor contagious but caused solely by improper diet and nutrition should be easily checked if the public is educated as to well balanced diets. North Carolina produces food of the proper kind to prevent pellagra. In many instances this food supply is sold by the producing families because of need for other things. This leaves a lack of food for those in the home. In other cases the improper diet is the result of lack of information as to food values. These two weaknesses must be overcome if the menace from the disease is to be banished.

There should be planned and executed through every possible agency in North Carolina an educational campaign in the matter of the proper food and a balanced diet in an effort to banish the plague of pellagra. The State Board of Health should have the directing of such a campaign, and every person whose duties under any of the State departments bring them into actual contact with the public, especially in the country districts, should have a part in spreading the doctrine of proper diets as a means of overcoming the high death rate that now exists. Upon

Delay in such a campaign. No county will only add to the tragedy that now is. No county will only add to the tragedy that now is. No county will only add to the tragedy that now is.

Health - 1929

HERALD

Durham, N. C., Monday, Jan. 13, 1929

RATIO OF DISEASE

DISEASE REPORT

IS RELEASED BY

HEALTH OFFICE

Communicable Disease Report
For 1928 Indicates That Negroes Are Less Susceptible To Most Diseases In This Category Than Whites

With the exception of smallpox, tuberculosis, and syphilis, Negroes are less susceptible to communicable diseases than are whites, statistics for 1928 released yesterday by the Durham county health department would seem to indicate.

Taking into account the fact that there are approximately two whites for every Negro in Durham county and comparing the ratio of the population with that of the number of cases of any disease except the three mentioned strengthens rather than weakens the previous statement.

In discussing this situation, which is borne out by statistics compiled throughout the county, few scientists will commit themselves as to the reason why this is so. Some contend that the Negro is a more virile race, than the Caucasian or white. Others maintain that there is such a thing as racial immunity to certain diseases.

In numbers, measles led the list with 1,028 among whites, and 338 among Negroes, making a total of 1,366. Chicken pox was next on the list with 671 cases among whites, and 135 among Negroes, making a total of 806.

Statistics for the other diseases follow.

Disease	White	Negro
Septic sore throat ..	1	0
Pharyngitis ..	1	0
Pharyngitis ..	1	0
Scarlet fever ..	70	6
Diphtheria ..	60	5

Smallpox	24	192
Whooping cough	191	87
Typhoid fever	8	2
Diarrhea	83	14
Syphilis	108	114
Gonorrhea	138	37
Chancroid	31	11

Whites Lead in Communicable Diseases in County Past Month in All Divisions

The white population of the county during the past month led in the number of communicable diseases reported, by a ratio of 6 to 1, according to the monthly report made public by the county health department.

A total of 238 cases were reported, and of this number 205 cases were reported among the whites, as compared to only 33 cases among the Negro population. The communicable diseases registered during the week include diphtheria, scarlet fever, measles, whooping cough, chicken-pox, tuberculosis (all forms) and venereal diseases.

Thirteen diphtheria cases were reported, all among the whites. There were 10 cases of scarlet fever among the whites and one case among the Negroes. A total of 129 whites were affected by chicken-pox, and six Negroes. Thirty-one cases of whooping cough were reported in the white division and 11 in the Negro division. Fifteen whites received treatment for venereal diseases and nine Negroes. One case of measles was reported for each division.

There were five deaths from tuberculosis during the period and one death from diphtheria.

The report shows that for every Negro child having chicken-pox in the county, there are 21 white children affected with the disease, while the ratio for whooping cough is three to one.

DENTIST TO WORK IN NEGRO SCHOOLS HERE

The local board of health announced today that the state has sent a Negro dentist here with a portable dental outfit to work in the Negro schools of the city and county. The dentist is Dr. L. S. Holloway and he is employed by the state board of health for clinical work in the Negro schools throughout

out North Carolina.

TIMES
RALEIGH, N. C.

JAN 21 1929

NEGRO MEDICAL SOCIETY AGAINST PERSON'S MEASURE

Would Make Doctors And Druggists Bootleggers, They Say

The North State Medical Society, composed of negro physicians, dentists and druggists in North Carolina, is "unalterably opposed" to Senator Willie M. Person's bill to allow drug stores to dispense whiskey under doctors' prescriptions, Dr. J. B. Davis, director of the society, has wired the committee that reported out the Person bill last week. Dr. Davis, who lives in Senator Person's home county of Franklin, wired that the members of the North State Medical Society "are unalterably opposed to any measure that would make bootleggers of doctors and druggists."

The Person bill will come up for a vote on the floor of the Senate Monday night.

Clinics At Colored Schools To Start

The Beaufort County Health Department will start her pre-school clinics in colored schools of the county next Tuesday morning.

At the completion of these clinics, clinics will be held in the long term values. These two weaknesses must be overcome if the menace from the disease is to be banished.

The following is the schedule for the week:

Tuesday, April 2, Winstedville, 9:30 to 11 o'clock. Sidney and Spring Green schools to go to Winstedville. A clinic will be held in the afternoon at the Yeatsville school. Rodman school at Yeatsville. Wednesday, April 3, Pantego, 9:30 to 11 o'clock. Thursday, April 4, Washington colored schools, 9:30 to 12 o'clock. Friday, April 5, Belhaven, 9:30 to 12 o'clock.

OBSERVER

OCT 16 1929

PELLAGRA DEATHS INCREASE

According to figures taken from the report of the several state hospitals for treatment of the insane the majority of cases entering the institutions are those where insanity has been caused by pellagra or venereal diseases. The Goldsboro hospital for the negro insane report that one-third of the deaths at that institution during the past three months have been from pellagra. Such results are alarming and give sufficient reason for recent efforts of the State authorities to stress the necessity for preventive measures throughout the State in combating the ravages of this disease. The fact that pellagra like tuberculosis is so easily preventable makes for an unfavorable impression as to conditions in the State. Excesses are easily found for the high death rate from diseases about which little is known or for which no treatment or cure has been found. But for diseases so easily checked and prevented to cause such an alarming death rate is certainly not conducive to good publicity outside the bounds of the State.

Pellagra being a disease that is neither infectious nor contagious but caused solely by improper diet and nutrition should be easily checked if the public is educated as to well balanced diets. North Carolina produces food of the proper kind to prevent pellagra. In many instances this food supply is sold by the producing families because of need for other things. This leaves a lack of food for those in the home. In other cases the improper diet is the result of lack of information as to food values. These two weaknesses must be overcome if the menace from the disease is to be banished.

There should be planned and executed through every possible agency in North Carolina an educational campaign in the matter of the proper food and a balanced diet in an effort to banish the plague of pellagra. The State Board of Health should have the directing of such a campaign, and every person whose duties under any of the State departments bring them into actual contact with the public, especially in the country districts, should have a part in spreading the doctrine of proper diets as a means of overcoming the high death rate that now exists. Upon three agencies: County medical associations, home demonstration agents and county farm agents. Never in the history of the State has there been such a call for untiring work on the part of these three agencies. Naturally, the home demonstration agents in the several counties can and doubtless will perform the greatest service of all. The peculiar duties of this position are such that a revolution in the matter of foods and diets can be brought about through those who work with the women and girls in home demonstration work. If there ever was a time when every county in the State was in dire need

Health-1929

Columbia, S. C., State
March 31, 1929

NEGRO DEATH RATE HIGH THROUGH TUBERCULOSIS

Over 1,000 Negroes in South Carolina died of tuberculosis last year, according to a report of the South Carolina Tuberculosis association, based upon the death records at the bureau of vital statistics of the state board of health. Although all of the 1928 records had not been received at the time of this report, the Negro rate from tuberculosis was 126.8 per 100,000 of population whereas the rate for the entire population white and colored was only 82.7 per 100,000.

Believing that one of the many reasons for the very high death rate among the Negroes is the difficulty in getting patients diagnosed and treated in early stages of the disease and that the undetected and un-

supervised advanced cases are spreading the disease among white and colored, the South Carolina tuberculosis association and its affiliated county associations are stressing this phase of the problem in their Early Diagnosis campaign in April which includes Negro Health week, March 31-April 6. Chest clinics will be held, and only 16 per cent had been instruction given by nurses in the homes of patients and an educational program put on in churches and schools. Several hundred manuals and hundreds of pieces of literature have already been distributed to health workers and Negro teachers at the school health exhibit, which was arranged by the tuberculosis association at the Palmetto Teachers' meeting in Columbia recently.

iphtheria, and the department hoped to reach every community with toxin-antitoxin" during this summer, Miss Hellams explained.

Social work carried on by the hospital was discussed by Miss Ryan. Information for the physician, explanation to the patient and his family of his condition and effort to obtain for the patient the things he needed were phases of the work.

Of patients applying for admission to the free clinic for a period of about ten months, ending January 1, only 16 per cent had been refused, she pointed out, some on account of ability to pay, others because they were under care of a physician or were non-residents. Follow-up work was done in certain cases: Tuberculosis, venereal disease, cancer and pellagra. Waging of war against pellagra had been started again, Miss Ryan pointed out.

Greenville, S. C., News
Sunday, March 31, 1929

1,000 NEGRO TOTS TO RECEIVE TREAT

W. A. Hodges Plans Easter
Egg Hunt For Picaninnies
Around Oscar Street

About 4,000 negro children living on Oscar, Gibbs and Medder streets are expected to gather in Medder Bottoms for an Easter egg hunt to be given by W. A. Hodges, storekeeper at 301 Oscar street, this afternoon at 2 o'clock.

Some 3,500 eggs will be concealed about the meadow, Mr. Hodges said and the public is invited to witness the picaninnies scrambling for the sweets.

In addition to being a charity proposition, the egg hunt is expected to give an estimate of the number of negro children in the district, although Mr. Hodges admitted that many children from other streets would probably attend.

1000 Negroes Die of Tuberculosis In S. Carolina

More than a thousand negroes in South Carolina died of tuberculosis last year, according to a report of the South Carolina Tuberculosis Association, based upon the death records at the Bureau of Vital Statistics of the State Board of Health. Although all of the 1928 records had not been received at the time of this report, the negro rate from tuberculosis was 126.8 per 100,000 of population whereas the rate for the en-

South Carolina

tire population white and colored was only 82.7 per 100,000.

Believing that one of the many reasons for the very high death rate among the negroes is the difficulty in getting patients diagnosed and treated in early stages of the disease and that the undetected and unsupervised advanced cases are spreading the disease among white and colored, the South Carolina Tuberculosis Association and its affiliated county associations are stressing this phase of the problem in their Early Diagnosis Campaign in April which includes Negro Health Week, March 31 to April 6. Chest clinics will be held, instruction given by nurses in the homes of patients and an educational program put on in churches and schools. Several hundred manuals and hundreds of pieces of literature have already been distributed to health workers and negro teachers at the school health exhibit, which was arranged by the tuberculosis association at the Palmetto Teachers' meeting in Columbia last week.

Annual Meeting in Columbia
Saturday at First Baptist
Church.

The general topic of the annual meeting of the state inter-racial committee which meets in Columbia Saturday at the First Baptist church, will be "health."

Mrs. C. P. McGowan will preside at the meeting, which will begin at 10 o'clock in the morning. The feature addresses the morning session will be made by Dr. W. C. Jackson of North Carolina, chairman of the inter-racial commission in the South, and by Dr. F. M. Routh, chairman of the South Carolina division of the American Red Cross.

At noon, a discussion will take place on Negro insurance companies, factors in promoting health, and the work of hospitals for Negroes.

Child health, the child and tuberculosis, and the health of the Negro in home and school, will come in for discussion in the afternoon session. Several short addresses will also be made by different members of the association.

POVERTY AND DISEASE IN THE SOUTH

According to Dr. James A. Hayne, State Health Officer of South Carolina, 2,217 cases of pellagra have been reported in that State in the first five months of this year. This "disease of economics"—it is due to an unbalanced diet—was alarming in South Carolina a decade ago, according to The Greenville News, but the people of that State had supposed that the disease was subdued. They will then, be very much surprised to read these disquieting figures for 1929.

The News, always a frank-spoken paper, remarks that the increase of pellagra "is not an item that calculated to give inspiration to the boosters." It indicates that those who suffer from it have been "either too ignorant or too poor" to give themselves the kind of food they ought to have. The people eat too much corn and too little lettuce, says The News. It should have added that they eat too little fruit and too little fresh meat.

But what is of chief interest about it, The News thinks, is that the paramount problem in South Carolina today—and it might have said other Southern States as well—"is the same that has existed since the Civil War, and that is the absolute necessity of raising the average income of the people to the point where they can be at least free from the diseases that take an inordinate toll of their lives."

Here The News grows acidulous, facing an unpleasant truth gamely. Says that paper:

Southern Congressmen passed with much glee an amendment to the Congressional reapportionment bill which would bar aliens from the census upon which the next Congress would depend. That would have hit Rhode Island with both fists if Rhode Island were not so tiny. The smallest of our States has a heavy proportion of foreign-born. Yet the mathematician who looks at income tax figures discovers that Rhode Island, with less than one-half the total population of South Carolina, pays more than ten times as much personal income tax. Discounting entirely our colored population, the fact remains unassailable that the white citizens of Rhode Island are earning ten times what the white citizens of South Carolina are earning. They don't have any pellagra, to speak of. If that be treason, make the most of it!

As The News has said, time and again, the problem before South Carolinians is to cease jealous strifes and to realize that the State as a whole is poor, that we have not yet moved even a snail's pace in economics, and that we must pull together to bring the State to a higher level of prosperity. That cannot be accomplished by spending all we make. There is no subject as important to South Carolinians

Take Health Program To Most of Schools Through Spartanburg

County Department Has In-
spection and Instruc-
tion.

SOCIAL WORKERS' TALK

Carrying of a school program of inspection and health education into 95 or 100 of the 125 white schools of Spartanburg county and vaccination against smallpox of two-thirds of the negro pupils of public schools.

These are among accomplishments of the county health department during the school year, it was pointed out by Dr. J. M. Beeler, in charge of the department, speaking last night before the Spartanburg Social Workers' club. Health work was the theme of the gathering, held at the Central Methodist church.

Have Follow-Up Work.

After the inspection in the schools and group talks for teachers, visits were made in the homes where pupils had major defects, Dr. Beeler explained. Efforts were made to have these defects corrected.

In order to overcome prejudice and fear of parents, group conferences were being held through Parent-Teacher associations, and parents were informed as to what was being done.

Other work being carried on by

the department included: Education as to diet in schools and elsewhere, sanitary inspection, cooperation with the Spartanburg County Tuberculosis association in the fight against tuberculosis, and dental work on the part of the county dentist.

In the future it is hoped to have physicians' inspections of all pupils; the goal was for the high school graduate to receive with his diploma a certificate of health.

No Discrimination.

In the phase of his talk devoted to work of the hospital, of which he is superintendent, Dr. Beeler asserted there was no price discrimination against people with little money, as has been claimed, but that the comparatively poor, as the well-to-do and the charity cases receive fairness.

Dr. Beeler told of the different clinics and something of the work of Miss Elizabeth Ryan, social worker. The General hospital is one of two institutions in the South having a social registered worker department, he pointed out, the other being at Atlanta.

Miss Bruce Hellams, supervisor of nurses, discussed phases of the nursing service of the hospital. Baby conferences where examinations were made by local physicians and the health department physician and mid-wife training were among important features.

Fight Against Diphtheria.

For the pre-school age, two to six, a fight was being made against

as THRIFT—and it has a close affinity to the subject of pellagra.

Thousands of our people are neglecting vegetable gardens and fruit orchards. They are neglecting fresh meat supplies. They are neglecting even to produce enough milk and butter to serve their needs. They are paying for this lack of enterprise in malnutrition, physical weakness, discouragement and poverty. These are unpleasant things to say, but they are true and must be said.

Health - 1929

Southern Tuberculosis Conference

SOUTH IS DEFICIENT IN HOSPITALIZATION

strong, of the Metropolitan Life Insurance Company.

"Scant progress has been made in health education in high schools," Dr. Kleinschmidt said. "We need more teachers specially trained in the basic principles of personal hygiene and public health."

Tuberculosis Head Urges Better Health Program for Dixie.

Nashville, Tenn., September 25.—

(P)—President Richard F. Hudson, of Birmingham, in his annual address tonight to the southern tuberculosis conference emphasized the need for a better health program, and the expansion of the scope of the conference to include all public health workers.

"It is my purpose," he said, "to offer the conference the opportunity of discussing the wisdom of a policy that would construct our programs on the project method. That from year to year we build our conference programs around some outstanding health problem."

Hudson said that the southern states included in the conference have 27 per cent of the nation's population, but only 17 per cent of the beds in general hospitals and 19 per cent of the total beds in tuberculosis hospitals.

He charged that the southern states were lacking particularly facilities for the care of negroes sick with tuberculosis.

"Eighty and seven-tenths per cent of the nation's negro population lives within the conference area," he said, "and 28.6 per cent of the population of the southern conference is negro. Statistics show that 30.1 per cent of all deaths from tuberculosis occurred within the conference area."

Dr. R. L. Cariton, city health officer, Winston-Salem, N. C., declared that "unofficial agencies developed to combat specific diseases to promote public health have been of great assistance by stirring public sentiment to demand new and better standards of health."

He said this had been done through the co-operation of the unofficial agencies with official agencies.

The tremendous loss for tuberculosis, which he said amounted annually to millions of dollars in the southern states, was greatly influenced by such factors as wages, condition of living, housing and general habits of the public. Professor O. C. Ault, of Peabody college, said in an address on economics as a factor in the control of tuberculosis.

Tomorrow's session will be devoted to a discussion of the "negro, his home, health and education." R. R. Moton, principal of the Tuskegee Normal and Industrial institute, will preside.

Addresses were delivered at this morning's session by Dr. H. E. Kleinschmidt, director of health education, National Tuberculosis Association, New York, and Dr. Donald B. Arm-

Health - 1929

KNOXVILLE, TENN.

JAN 6 - 1929

HEALTH CENTER PLANS ARE GIVEN

Haynes Presents Data On Proposed New Building.

Plans for a new Health Center building to replace the present establishment as Locust street and Clinch avenue, have been developed by Welfare Director Haynes.

The proposed building would be 85 by 42 feet, three stories high and modeled after some of the leading public health clinics of the country.

A location has not been decided upon. The Associated Charities has offered its lot on Market street near Wall avenue as a site. The Charities would be housed in the new building if its offer were accepted.

The building plan has been submitted to Ben A. Morton, former mayor and a member of the Health Center building committee, who is favorably impressed with it, Director Haynes said. Two other committee members are out of the city.

May Start This Year

The building will be started probably this year, soon after the Health Center vacates its present quarters. It will be financed by payment of \$50,000 by the Central Y. M. C. A. out of its \$500,000 building fund to the Health Center as a consideration for the site of the new Y. M. C. A. at Locust street and W. Clinch avenue.

The Y. M. C. A. already has given the Health Center its notes for the \$50,000.

It was proposed at first to locate the new Health Center building just west of the Welfare building in City Hall park. But development of the Civic center would eliminate that site. The building plan would be adaptable

to any site, however, Welfare Chief Haynes said.

"The Health Center ought to be either on or near the Civic center, he added, "so as to be accessible to the greatest possible number."

On Ground Floor

The ground floor of the Haynes plan shows a large laboratory with which is connected a sterilization and wash room and an X-ray plating room, a dental clinic room with dental waiting room adjoining; a large hall in the center with doors leading into two large offices.

On the other side of this hall would be white and negro men patients retiring rooms, a tuberculosis patient waiting room, and white and negro women patients' retiring rooms. In the center of this group would be a large examining room with which could be connected two small dressing rooms for men and women.

The first floor would contain the Health Officer's headquarters connected with a waiting room; the office for Mrs. C. C. Gibbs and the official investigator; a large hall; a large office for the city nursing corps, and smaller offices adjoining for Miss Flynn, directress, and Mrs. Tracy, secretary.

On the second floor would be a large chart and map room, a sanitary officers' room, a large file room, and an assembly room.

Tennessee

Health-1929

THE GOSPEL OF GOOD HEALTH COMING

A SUGGESTED SERMON GIVING
SUBJECT TAKEN
FROM MARK

3/18/29
"He Saith Unto the Sick of the
Palsy, Son, Thy Sins be For-
given Thee." Mark 2:5

3/18/29
"Subject: 'Sin in Relation to Health'"

Memphis, Tenn.
Again we are about to observe
National Negro Health Week, the
purpose of which is to urge the
Negro people to take a proper inter-
est in all matters pertaining to
health. Health is fundamental to
success in life, therefore, it is a sub-
ject of first importance to every indi-
vidual, both physically and economi-
cally.

This fact is clearly seen when we
consider that every day in the year
there are two million people seriously
sick in the United States. Some of
this sickness cannot be prevented, but
it has been estimated that our annual
loss from preventable diseases is two
billion dollars. By improving sani-
tary conditions some diseases have
been greatly reduced. In cities
where the water supply has been
made sanitary, typhoid fever has
been reduced seventy-one per cent
by obedience to the laws of health,
we are told that seventy-five per cent
of the loss through tuberculosis may
be prevented. (Now some of the
things necessary to good health are,
fresh air, sunshine, exercise out-of-
doors, pure water, wholesome food,
rest and sleep.

But in discussing this matter of
health, we shall make a mistake if
we neglect to consider the part sin
plays in undermining health. Take
the sick man brought to Christ in
the text. The malady here presented
to Christ apparently was nothing
more than palsy. But Jesus did
not so regard it. He did not say,
"Take up thy bed and walk" but

"Thy sins be forgiven thee." He goes
deeper than the outward evil. He
goes down to the evil, the root of
all evil; properly the only evil is
sin. He read in that poor palsied
man's heart a deeper wish than ap-
peared in the outward act. This man's
condition was the consequence of a
burden worse than palsy. He longed
for a rest more profound than re-
lease from pain. He desired to be
healed from guilt. It was in reply
to this unspoken application that the
words, "thy sins be forgiven thee,"
were uttered. A guilty conscience
troubled this man, took away his
appetite, robbed him of sleep, and
harrassed him till his health was
broken and the palsy seized him.

The consequences of sin are two-
fold—natural and moral. The natural
consequences are those results which
come inevitably in the train of wrong
doing by what we call the laws of
nature visiting themselves on the
outward condition of the sinner. By
these natural laws, sin and suffering
are linked together.

In the case of the sick man men-
tioned in the text, palsy, apparently,
had been the result of sin; otherwise
the address of Christ was out of
place and meaningless. These natural
consequences of sin are invisible as
well as inevitable. It may be that not
one of the four men who bore him
suspected such a connection. Possibly
not even his physician. But there
were two at least to whom the con-
nection was certain—to the conscience
of the palsied man himself, whose
awakened memory traced back the
trembling of those limbs to the acts
of a youth long past; and to the all-
seeing eye of Him to whom past,
present and future are but one.

Such experience is true, much
oftener than we imagine. The irrita-
ble temperament, the lost memory,
the over-sensitive brain who can tell
how they stand connected with sins
done long ago. Nothing stands alone
and without a cause. Every man with

Tennessee.

his strength and weakness, stunted
in body and dwarfed in heart, palsied
in nerve or deadened in sensibility
is the exact result and aggregation
of all the past, all that has been done
by himself, and all that has been
done by his ancestors, remote or near.
The Savior saw in this man the mis-
erable wreck of an ill spent life.

The moral consequences of guilt
are quite distinct from these. They
are those which tell upon the char-
acter and inward being of the man
who sins. It is a natural result inas-
much as it is by a law, regular and
unalterable, a man becomes by sin
deteriorated in character. He loses
the capacity for all higher enjoyment;
he loses the zest of pure life, the
freshness and the flood of happiness
which comes to every soul when it
is delicate and pure and natural. The
angel within him is sunk in the ani-
mal, the spirit is lost in the flesh; he
becomes a reptile and eats the dust
of degradation as if it were natural
food.

Then too, the sinner has an ever-
present unrest, which gradually un-
dermines the physical constitution

"Big Parade" of Health Annual Event in Memphis *Commercial Appeal* Ten Thousand School Children Inspected in Effort to Check Disease—Preventive Measures Eliminate Lifetime of Disease.

Memphis, Tenn.

Ten thousand Memphis school children paraded in the year 1928
with their shirts turned down so that the stethoscopes of doctors from
the city health department might work unhampered.

They were not all on parade at one time and the only spectators,
of course, were the doctors and the nurses from the health department.
They came by in the physical examinations given in all the city schools
last year.

Looking for bad teeth, weak eyes,
poor hearing, diseased tonsils and
undernourishment may not seem
like an interesting job, but it takes
the larger part of the time of three
doctors and a corps of nurses from
the department. It goes on year in
and year out.

In Memphis it is the same thing
that is done in every other city of
the country. In some places the
system is more comprehensive and
better. In others it is worse.

Health officers do not grow par-
ticularly enthusiastic about the re-
sults of their work. They take it
more as a matter of course, these
examinations of hundreds of chil-
dren and the filing of the cards
that keep a record on each one of
them.

Work Just Beginning.

"We are just at the beginning of
the work," any of them will tell
you. "It is really just breaking the
ice for the bigger things to come.
Years from now they will not only
be examining school children, but
all classes, young and old, will have
learned the value of having the
light of science turned on their
health at regular intervals."

They do not regard it as very ro-
mantic, this daily labor of theirs,
but they will admit that the whole
thing is a concerted drive on Amer-
ican ill health and aimed at a sal-
ient point.

"If we can get them before the
trouble has gone too far, some-
times we can do them a lot of
good," they will say.

And they do get them before the
troubles have gone too far. They
often get them before even the
child has suspected that there is
anything wrong with himself. They
point out the danger to his par-
ents and suggest its treatment when
the trouble is just beginning and
often they prevent ill health that
would last through a lifetime. They
keep many out of hospitals, poor
houses and asylums.

The doctors seldom undertake to
treat the ailments that they find.
They prefer to turn them over to
private physicians who know more
of the physical history of the child
and who have more time for study
and treatment of the particular
case. Parents generally co-operate
in this.

Dr. L. M. Graves tells a story of

sometimes does. It comes from his
own experience before he became
superintendent of the Memphis
health department.

In the course of the physical ex-
aminations in one school a little
red-headed girl was brought before
the doctor. She was thin and
scrawny. Her name was Edna and
she was the only child of parents
who were comfortably fixed finan-
cially. They wondered why she was
ill so often and forced to miss
school so much. Anemia is more
unbecoming to red-headed people
than others and Edna was not very
attractive. She was behind with
her school work.

It took the examining doctor
just one look into Edna's throat to
find the cause of the trouble. In
that one look he saw as badly dis-
eased a pair of tonsils as he had
ever seen.

It took some time to convince
the parents that the tonsilectomy
would not be dangerous, but they
finally agreed that a surgeon
should do it.

Within two weeks the little girl
had gained 10 pounds. From that
day forward she ceased to miss
school and she was rarely sick at
all. She caught up with her work.
She could really enjoy play. Trou-
ble that might have brought such
complications as weak eyes, bad
hearing or a ruined digestive sys-
tem and a lifetime of illness was
avoided.

BANNER
NASHVILLE, TENN.

SEP 26 1929

NEGRO HEALTH PROBLEMS TOLD

Tuberculosis Most Notorious Disease Among Race, Speaker Says

The Negro as a health problem, and especially as a tuberculosis problem, held the attention of the men and women attending the Thursday morning session of the Southern Tuberculosis Conference and the Southern Sanatorium Association here. The forenoon session was held at the War Memorial building with Dr. J. J. Mulowney, president of the Meharry Medical college, Nashville, presiding.



DR. PHILIP P. JACOB

Dr. Mulowney gave a talk and Prof. Charles S. Johnson, director of social science at Fisk University, was another forenoon speaker.

Discussing the high mortality rate among Negroes, Prof. Johnson declared that "one of the most notorious diseases of poverty is tuberculosis."

Dr. M. J. Bent, member of the state health department's staff of workers and whose work is among the people Director of publication and extension work for the National Tuberculosis Association, author and editor of The Journal of Outdoor Life, who will speak at Friday's session of the convention of the Southern Tuberculosis Conference and the Southern Sanatorium Association.

of his race, told of conditions in certain sections of Tennessee and of the public health program for the Negroes.

Dr. Mulowney spoke particularly of medical education for the Negro in preparing him for greater health service for his people.

A feature of special interest on the morning program was the demonstra-

tion put on by health workers from the Tuskegee Normal and Industrial Institute in Alabama. The institute maintains a large truck, equipped with articles for giving health, farm and home economics demonstrations and manned by an agricultural agent, home demonstration agent and two nurses. It was reported, this truck going out into the rural sections more densely populated by Negroes for the purpose of giving them instruction in better farm methods, how to improve their homes and living conditions and how to care for the sick and also how to safeguard their health.

Two of the nurses from the institute assisted in the demonstration. At 1:30 o'clock a joint session of the Southern Tuberculosis Conference and the Southern Sanatorium Association was held at the Hotel Hermitage with Dr. P. P. McCain, superintendent of the North Carolina State Sanatorium and the president of the Southern Sanatorium Association, presiding.

Those on the afternoon program were: Dr. Henry K. Durham of the University of Cincinnati, who spoke on "The Diagnosis of Non-Tuberculosis Diseases of the Chest"; Dr. David R. Lyman, superintendent of Gaylord Farms Sanatorium at Wallingford Conn., whose subject was "The Non-Surgical Treatment of Certain Non-Tuberculosis Diseases of the Chest," and Dr. Ray W. Matson of Portland, Ore., assistant clinical professor of medicine at the University of Oregon Medical school, who discussed "Collapse Therapy of Pulmonary Tuberculosis," his address being based upon twenty years of experience. These three speakers were among the most distinguished tuberculosis authorities attending the convention.

The following are the various group dinners to take place Thursday night at 7 o'clock: State Tuberculosis Association secretaries and board members, Loggia, Hermitage Hotel, Sherwood Smith, presiding.

Local Tuberculosis Association secretaries and board members, private dining room, Hermitage hotel, Mary Dickinson, presiding.

Nurses main dining room, Hermitage hotel, Mary D. Osborne, presiding. Health officers, parlor, Hermitage hotel, Leon Banov, presiding.

Child health education workers, Loggia, Hermitage hotel, Bertha Clements, presiding.

Sanatorium superintendents assembly room, Main Floor, Hermitage hotel, Wallace J. Currel, presiding.

County and community seals chairmen, parlor, Hermitage hotel, Mrs. L. W. Morgan, presiding.

TWO MEETINGS PLANNED
For Friday two divisional meetings will be held. The members of the Southern Sanatorium association and the visiting physicians will meet at the Vanderbilt hospital with Dr. Adam Nichol of the Vanderbilt school of medicine serving as chairman of the session there. The meetings will be held in the amphitheatre on the second floor.

The other meeting will be held at the Hotel Hermitage and will be a seal sale conference with Miss Nora Hammer, of Richmond, a. vice-president of the Southern Tuberculosis Conference, presiding.

Visitors will be welcomed to the Vanderbilt Hospital by Dr. W. S. Leathers, dean of the Vanderbilt school of medicine.

At the conclusion of Dr. Leathers' greetings Dr. Hollis E. Johnson will speak on "The Diagnosis and Treatment of Early Tuberculosis" with a presentation of patients. Dr. C. C. McClure will give a demonstration of X-ray films showing the different stages of tuberculosis. Others to speak and conduct clinical and demonstration work include Dr. I. A. Biggers, Dr. R. Crowe and Dr. Robert Caldwell.

At noon the visitors will be entertained at lunch at the hospital. The

afternoon session will include an inspection of the hospital plant and discussions of other questions relating to tuberculosis treatment.

The program for the seal sale conference follows:

"Seal Sale" organization and Publicity," Dr. Philip P. Jacobs. Discussion opened by Mrs. D. McL. McDonald.

"Selling Seals by Mail," Mrs. Mae E. Sinks.

Discussion opened by Miss A. James. Health Education Methods, Hermitage hotel, Miss Pansy Nichols, presiding.

"Health Education Technic," Miss Theresa Dansdill.

"Health Education in Europe," Miss Mildred S. Manson.

"Health Education in High Schools," Miss Anita Hinkle.

Discussion opened by Mrs. Charles Quackenbush.

A banquet Friday night will bring the convention to a close.

NEWS CHATTANOOGA, TENN.

NOV 30 1929

City Death Rate of Negroes.

(Augusta Chronicle.)

Some pessimistic writer who has been delving into statistics sees extinction of the colored race through congestion in the cities. This is particularly true it is avered, in the cold sections of the country where congregation of the colored race is becoming marked by cramped living quarters and unsanitary conditions. When there was a big demand for labor and working conditions were different the situation was somewhat better than at present, but even that pneumonia and tuberculosis death rates have been high and are now climbing rapidly.

A resume of the situation in New York would indicate that Harlem, the city's colored district, is not hesitating in its activities, despite the doleful news that is being circulated regarding congested conditions in the cities. A New York writer for the Chronicle relates some interesting things about the Harlem district and says:

"Variety, theatrical trade journal usually figures that Broadway is the only New York zone worthy of attention. But the increasing popularity of the colored district, Harlem, has caused Variety to do a little investigation up that way. The inquiry shows that there are eleven high-class night clubs where the patronage is almost entirely white, and no less than 500 colored cabarets. Apartments, speakeasies, or buffet flats, number two to every apartment building in Harlem. In these places, admission is a quarter and a drink costs the same. Five out of seven beauty parlors sell gin. More than 100 jazz bands play every night. One thousand five hundred colored boys call themselves professional tap dancers. The favorite gambling device is not craps, but numbers—which means betting on what will be the last three numbers of the day's clearing house figures."

The statistics show that the open

life and warm climate is best suited for the colored race, but that is also true to the white race. The only difficulty, or rather the chief one, surrounding the colored race is that they are, relatively, but few generations removed from the free and opened life and their resistance to disease, especially tuberculosis and pneumonia, is not near so marked as among white people—and too, ordinarily the living conditions are not so satisfactory, especially in the cold sections.

Nashville, Tenn. Banner
Wednesday, December 11, 1929

NEGRO CLINIC HELD IN MADISONVILLE

Madisonville, Tenn., Dec. 11—(Special)—The first chest clinic for Negro children was held at the offices of the local health unit here Tuesday. Dr. J. S. Brewer and Miss Gertrude Griffith, of Knoxville assisted with the clinic.

Health - 1929

CHRONICLE

HOUSTON, TEX.

JAN 10 1929

Negro Tubercular Sanatorium to Be Sought For State

By Associated Press.

Austin, Jan. 10.—An appropriation to establish a sanatorium for treatment of tuberculosis among negroes may be proposed in the house of representatives, M. E. O'Neill of Frisco, new house member, said today.

He will seek a conference with Dr. J. C. Anderson, state health officer, he said.

"We have facilities for treating white patients in the early stages of tuberculosis, but apparently are content to do nothing about stamping out the malady among negroes," he said.

O'Neill also favors legislation authorizing county commissioners courts to give farmers credit on their taxes for time put in in dragging unimproved roads.

EXPRESS

SAN ANTONIO, TEX

NOV 4 1928

STATE'S DUTY IN COMBATING TUBERCULOSIS

Texas Public Health Association's executive committee, lately meeting in San Antonio, unanimously endorsed a plea by Dr. L. R. Moore, president of the Lone Star Negro Medical Association, for the early establishment of a state sanatorium for negro tuberculars.

As for ten years past the Texas Public Health Association itself has sought such an institution, it is glad to co-operate in any earnest movement for promoting that objective. And this petition again reminds Texans that the State has not provided for taking care of negro tuberculosis patients, who are not admitted at Carlsbad.

That is a duty neglected, and the neglect is all the worse for the circumstance that tuberculosis is a "white man's disease" and therefore more frequently and quickly fatal to the negro who has not developed resistance.

Texas would deserve severe reproach for this apparent discrimination—only it had done nothing for child tuberculars, white or black, until

the Forty-first Legislature appropriated \$100,000 to build the initial unit of a children's annex at the State Tuberculosis Sanatorium! And children also are peculiarly susceptible to the malady.

Furthermore, Texas is yet to provide housing and medical care for its indigent advanced tuberculars. For the present these sufferers generally face no better prospect than life at some county farm, sometimes in badly adapted quarters and without proper nursing or medical attention.

The responsibility for remedying this deplorable condition plainly is upon the State. Without more delay than is absolutely necessary, the Legislature should vote additional funds for an adequate children's annex at Carlsbad, and provide for building and equipping up-to-date institutions to take care of negro and advanced patients—both classes necessarily barred from the State Tuberculosis Sanatorium.

Humanitarian considerations alone would dictate such measures to repair long neglect. The three institutions also are needed urgently to protect the public health. Investment in them would prove economical in the long run, as it would reduce contacts and thus tend to lessen the disease.

Were the total cost of tuberculosis to the State—including, besides the patients' care, their loss of time, sacrificed earning-power and shortened lives—calculated, the people would be shocked. Then they would demand—regardless of cost—effective State measures for reducing the frightful toll.

Texas.

Lynchburg, Va., News
Sunday, February 10, 1929

County Chest Clinic Secures Good Result

State Health Department Examiners Find Two Cases In Forty Reporting

Rustburg, Feb. 9.—A most beneficial phase of health work which has recently been started in the county is the chest clinic conducted by the state department of health sponsored by the county school authorities. This work is not limited to school children however and is absolutely free to any who wish to take advantage of being examined for signs of tuberculosis. Last June the first of these clinics was held in the county, two at Rustburg and two at Naruna, one at each place for white people and one for colored. This week the clinicians returned to the county and the clinics were held at Rustburg white and colored schools and Altavista white and colored schools.

The examinations were made by Dr. Judson T. Vaughan, and Miss Ella Vaughan, nurse. Mrs. J. T. Vaughan acted as historian. In spite of the unusually bad weather there were forty patients examined, twenty at Rustburg and twenty at Altavista. Among the forty there were two positive cases located and eight suspects.

Before any clinic is started the nurse comes to the county and consults with local physician, and canvasses the county for those who should attend the clinic. After the examinations are made the history of the case is sent to the family physician of the patient with recommendations by the clinician, and the nurse stays in the county for a week or more to do follow up work. At Rustburg Mrs. C. W. Woodson assisted with the clinic, at Altavista Mrs. Roy Snyder, and at the colored schools Miss Lottie Herndon, colored supervisor for the county. The teachers at the several schools also cooperated. These in charge have expressed especial gratification at the splendid spirit of cooperation manifested by the local physicians. It is the plan to hold the next clinic for this county in the spring or in June.

HEALTH CLINIC EIGHT TIMES A MONTH FOR RACE

Child Welfare Committee Has Secured Two Clinics In Different Sections

Newport News, Va.—The Child's Welfare Committee organized by the Rev. J. J. Posey, rector of St. Augustine's Episcopal congregation, to promote

child health among colored citizens has secured two clinics, located in two sections of the city among colored folks, and will be opened eight times a month for the public. A concerted effort has been going on for eight months to secure adequate health protection for colored citizens and this innovation is the result. The Child's Welfare Committee asked for registered colored visiting nurse charged with the pre-school pre-natal and tuberculosis cases among the colored youth, and under the City Health Department. All were granted except the colored nurse. The committee thinks that they will in time get the colored visiting nurse because the request is reasonable, so they will not give up the fight in the interest of adequate health provisions, for the 17,000 colored citizens of Newport news. Rev. Posey says that each child has the divine right of equal health and educational opportunities fostered by Christian civilization, and it becomes our social duty to work in the interest of the child.

Clinics Are As Follows

The Child's Welfare Clinics dates are as follows: Every Monday at 2:00 p. m. at 3214 Chestnut avenue for pre-school children; Every first and third Mondays at 3:00 o'clock p. m., 3214 Chestnut avenue for expectant mothers or pre-natal; every first Thursday at 2:00 p. m., for T. B. work; every Tuesday at 2:00 p. m., at 552 Hampton avenue for pre-school children; every first and third Tuesday at Hampton avenue at 3:00 p. m., for expectant mothers or pre-natal; every first and third Fridays at 2:00 p. m., at Hampton avenue for T. B. The committee is asking that each minister and parent contribute their influence and cooperation in promoting child health.

Lynchburg, Va., News
Wednesday, June 19, 1929

Clinic Held At Brookneal

Charlotte Co. Health Nurse
Assists Local Physicians In
Conducting It

Eleven Doctors Giving
Service Without Charge

As Many As 30 Children Examined Daily And Very Few Are 5 Pointers

(Special to The News)

Brookneal, June 18—Miss Frances Barringer, Charlotte county health nurse, was in Brookneal for the day Monday assisting local physicians in conducting clinics for pre-school children.

In arranging for the clinics Miss Barringer made a complete survey of

the county and then asked the family doctors of the various families to assist her in making examination. The second and third weeks of this month are being devoted to this work. There are eleven doctors cooperating and giving their services without charge. Where there are cases needing vaccination or toxin anti-toxin only the cost of the necessary material is required.

Few Five Point Children

Miss Barringer has as many as thirty children in a day for examination and she states that the number of five point children is very small, only about eight per cent, but even this is slightly an improvement over last year. After the examinations are made it is suggested that the parents have any necessary corrections made to fit their child for entering school. In many cases it is urged that the child drink more milk or longer hours for sleep.

Similar clinics are being held in other counties in the state.

Other health work is being put on by Charlotte county. Friday, June 21, at Aspen High School at 9:30 a. m. to 12:30 p. m. a free chest clinic will be held under the direction of the state health department with specialists in charge. One will be held on the same date at Aspen Hill School for colored people and others will be held on Tuesday, June 25, for white people at Drake's Branch High School and at Organ Hill colored school.

Third quarterly conference and circuit day for Brookneal charge of Methodist Episcopal churches were observed Sunday at Oak Grove church, Halifax county.

Dr. J. Franklin Carey, presiding elder for Lynchburg district, preached at the 11 o'clock service to an audience that filled the church. Quite a large number of people were unable to find seats in the church. Several hundred people were served lunch by the ladies and friends of the church.

At 2:30 B. L. Baldwin, a layman of Lynchburg, had charge of the service. At 8 o'clock the young people's meeting was held under the direction of Claude Thompson of the Epworth League of Court Street Methodist Church.

Health - 1929

News
Suffolk, Va.
MAR 17 1929

A VANISHING RACE?

Richmond's birthrate has declined 21.3 per cent in the past four years or at the rate of about five per cent per annum, according to the figures compiled by the city department of public welfare. The News Leader attached so much importance to the matter that it made it a leading front page "story." Carrying out the present rate of decline in the city's birthrate to its logical conclusion and assuming that there will be no change in the next two decades, says the writer at the end of twenty years, or in 1949, there would be no white children born in Richmond. Here are the figures upon which the foregoing statement was based:

Out of 4,450 babies born here in 1924 a total of 1,484 were Negro, and 2,966 were white, making 33.3 per cent of the infants born here in 1924 Negro. Statistics just compiled for 1928 show that out of 3,704 babies born here last year 1,281, or 34.6 per cent, were Negro, and 2,423 were white.

In 1924 the ratio of white babies born to every 1,000 of population here was 23.05, that of the Negro babies, 26.95 and the total for white and Negro, 24.22.

In 1928 the white rate had decreased to 17.47; the Negro to 23.0, and the total white and negro to 19.05, this made a decrease of 24.2 per cent in the white birth rate for the four-year period, 14.6 per cent in the Negro rate and 21.3 per cent for the total. The larger proportion of the babies born in Richmond now are Negro, though the Negro forms the smaller part of the city's population, perhaps not more than one-third. The Negro infant, however, is subject to an infant mortality about twice as great as that of the white baby. Each year a larger proportion of Negro babies are born here and the white birthrate is decreasing at a rate of 40 per cent more rapidly than the Negro birthrate is decreasing.

Statistics are uninteresting and meaningless to most readers. Put bluntly, the foregoing figures according to mathematical calculation prove that the white race is a vanishing race so far as Richmond is concerned. But this newspaper has not the slightest notion that these conditions will hold over a cycle say of twenty years. For instance, the bureau of vital statistics of Suffolk showed that the death rate in this city and Nansemond county far exceeded the birthrate last month. One mathematically inclined could easily figure out just how long it would be before there was not a living soul either in the city or the county. But this has happened so infrequently as not to attract attention. Only occasionally has the death rate exceeded the birthrate for either race. It is not unlikely that the next few years will see Richmond reversing the record of the past four years, bringing the average of a period of years up to normal. The increase for the

tire country is about ten per cent. Richmond population has therefore, not been increased four years except by accretions from the outside. But the next sixteen years may reverse the figures in every detail.

Judge Ricks enumerates Special Laws Relating To Care Of Dependents

Clinics Do Important Health Work In State

Bureau Of Industrial Rehabilitation Spending \$10,000 Annually

VIRGINIA AND HER HANDICAPPED CHILDREN

BY JAMES HOGE RICKS
Judge of Juvenile Court of Richmond.
(Copyright, 1929, by the Richmond News-Leader and The News.)

During the first decade of this century, doubtless through the influence of the Virginia state conference of charities, juvenile protective societies came into existence in Virginia.

The earliest of these was the Norfolk Society for the Prevention of Cruelty to Children, organized in 1904.

The Juvenile Protective Society of Portsmouth followed in 1907, and in June, 1908, the Juvenile Protective Society of Virginia, with headquarters in Richmond, was organized with Colonel Joseph E. Willard as its first president, and Dr. James Buchanan as its first secretary.

The Norfolk society is still active. The other two have gone out of existence since the main purposes for which they were created have been accomplished, at least in part.

New children's agencies have been formed recently. Richmond has a Children's Aid Society. Norfolk has a children's bureau. The Hughes Memorial school has been opened near Danville. Last year the private child-helping agencies in the state cared for over 5,000 boys and girls.

Indenture Has Been Abandoned

The old practice of indenture has been abandoned. The children's organizations and institutions in Virginia today no longer bind out any child to work without visitation and supervision by responsible persons interested in his welfare.

Child labor laws have been extended and strengthened. Such legislation has been enacted in 1908, 1914, 1918, 1920 and 1922, but the state of affairs is still far from ideal. There is only one director-inspector for the enforcement of the laws relating to both women and children, though there is some cooperation given by the safety inspectors. The laws themselves are much less strict than those of some educational require-

ments.

The past quarter of a century has seen development of organized family welfare work by private agencies in Virginia. The former Richmond Association of Charities, now the Family Service Society, has been active for over twenty years. Other cities and some of the counties have subsequently established service to needy families in their homes. Today there are twenty-two organized charities listed in the annual report of the state department of public welfare.

Basic Laws Passed In 1910

Through the combined efforts of the state board of charities and corrections, the state conference of charities and the Juvenile Protective Society of Virginia, the year 1910 witnessed the introduction and passage by the general assembly of much progressive child welfare legislation. The following are some of the more important measures:

(1) A law providing for the holding of special sessions of police and magistrate courts for the trial of juvenile offenders and requiring that these sessions should be held in private. It provided furthermore that delinquent children should not be deemed to be criminals and should not be tried as such; that they should not be sent to jail, except when the offense was "aggravated," and that in such instances they must be separated from adult offenders.

(2) Another law provided for the punishment of any person over the age of 17 years who should contribute to the delinquency or dependency of any child under that age.

(3) A third bill made it a misdemeanor for any able-bodied man to desert or willfully neglect to provide for the maintenance of his wife or children, and gave jurisdiction to the trial of such cases to police courts in the cities and the circuit courts of the counties. Later when juvenile and domestic relations courts were established throughout the state, the enforcement of non-support measures was transferred to these. In the year 1926-27 the courts in Virginia collected over \$300,000 from adults in support for dependents.

Established New Institutions. (4) The Virginia Home and Industrial School for Girls, which had previously been incorporated, received appropriation from the state and was able to open its doors for the care and training of wayward white girls.

(5) Provision was made for the establishment of the Virginia epileptic colony near Lynchburg, and two years later an appropriation was granted for the erection of a building for the custodial care of freeble-minded persons on the grounds of this institution.

(6) A law was enacted requiring maternity homes, homes for infants and child boarding homes to be licensed by the state board of charities and corrections after having been inspected and approved by local boards of health. Since the passage of this law a number of homes in which children were shamefully neglected have been closed and standards of others have been raised.

(7) Another law provided for the establishment of public playgrounds. The terms of this statute made it mandatory only upon those communities which accepted its provisions, and, so far as is known, none of them did.

State's First Juvenile Court

Obedient to the provisions of the first statute referred to above, several police justices of the cities of Virginia began hearing children's cases in private, or after the adult offenders had been disposed of. In 1912 the city of Richmond, by ordinance, expressly provided for the holding of a special session of its police court for the hearing of such cases, and on April 2, of that year, Judge Crutchfield opened the first "juvenile court" in Virginia, with two full-time probation officers, one of whom acted as clerk of court. Before the end of the year two additional probation officers were added, one a trained nurse, whose salary was first paid by the girls' auxiliary of the Instructive Visiting Nurses' Association. Two of these probation officers were police officers assigned to this court for probation duty.

Separate Juvenile Courts Allowed.

In 1914 the general assembly of Virginia passed a law permitting cities of fifty thousand inhabitants or over, to establish juvenile and domestic relations courts, separate and distinct from the police court or any other existing tribunal. Again Richmond took the lead in accepting the provisions of this statute and by an ordinance provided for the establishment of such a court, which opened its doors on the first day of January, 1916. The city of Norfolk soon followed suit.

The juvenile court movement, however, does not necessarily or merely imply the establishment of a new tribunal. It is essentially the outgrowth of an entirely new idea, namely, that no child should be tried as a criminal, but that he should be studied; that every effort should be made to understand him, and why he is drifting toward wrong doing; that having discovered his handicaps we should endeavor to remove them and to give him a full and fair chance to make good in life under favorable conditions.

Probation is an essential part of the juvenile court system. It is the duty of the probation officer to study the child who is brought into court, call to his aid the teacher, the parent, the psychiatrist and the general practitioner in medicine. When the child has been returned to his home on probation, the probation officer becomes his "friend" who helps him to get reinstated in school or find a job; who advises him concerning his companion-

Colored Clean-Up Committees Named

The colored committee group to direct the Make Beautiful Farmville and general cleaning up campaign in Farmville among the colored group was organized as follows:

General chairman, Rev. C. H. Griffin; vice chairman, Rev. L. S. Roberts.

East of Main, north of Second St.—Rev. C. H. D. Griffin, chairman; Samuel Watson, vice chairman; Chas. Robinson, J. W. Holmes, Alfred Far-
rar, Frank Holmes.

South St., Fourth St., South Virginia St.—George Price, chairman; Rev. Alex Bland, vice chairman; Frank Cox, Ernest Watkins, Vernal Gibson.

South Main St.—Rev. L. S. Roberts, chairman; Nat Griggs, vice chairman; Howard Vaughan, Jos. A. Brown, Archie Helm, Prof. F. L. Allen.

Ely and Race Sts.—Wesley Bland, chairman; A. W. Lancaster, vice chairman; P. H. Hilton, Daniel Brown, John Brown, P. A. Ward, C. H. Blue, Willie M. Redd.

Grove and to passenger station—Rev. J. H. Hazlegrove, chairman; C. H. Wiley, vice chairman.

Stonley Park section—Richard Young, chairman; John Deans, vice chairman.

Doyne and Spruce Sts.—J. T. Allen, chairman; Dr. N. P. Miller, vice chairman; Samuel Allen.

COLORED DEATHS OF TWIN CITIES IN EXCESS OF WHITE

More Negroes Dying And Less Being Born Than Whites, According to Reports

The colored death rate in the city of Norfolk for the month of May was practically double that of the white, according to the monthly report of Dr. P. S. Schenck, director of the Department of Public Welfare. The colored rate was 12.9 per thousand while the white rate was 6.5 per thousand.

Seventy-one colored persons, not including non-residents, died in the city during the month while 63 white died. Deaths of non-residents brought here for hospital treatment totaled 13 white and three colored. These brought the totals up to 74 colored and 76 white. A total of 174 residents, including white and colored, died here. The population totals as estimated by the Health Department at the close of the month of May were 66,592 colored and 116,608 white or 182,000 in the aggregate.

The city's births exceeded its deaths, however, by a good margin. There were 183 births against 134 deaths. Yet, while the colored deaths outnumbered the whites, the colored births were less. Of the 183 births reported 114 were white and 69 colored, the whites enjoying a good lead.

While the ratio between the sexes of either the white or colored population is not reported, more colored females died here during the month of May than male. The 71 deaths were divided, 31 males and 40 females. The same situation is true of the whites, although the discrepancy between the sexes is not so marked. Of the 63 white deaths 30 were males and 33 females.

More Female Die
Though more colored females than males died, the females nearly evened up things in the matter of births. Of the 69 colored births, 35 were males and 34 females. White girl births took a larger lead on white boy births. Of the 114 white births reported, 54 were males and 60 females. Fifty-four white and 35 colored boys. Sixty white and 35 colored girls were born.

Tuberculosis of the lungs, acute endocarditis (heart disease), apoplexy broncho-pneumonia were the diseases laying the heaviest death toll upon the colored population. Five, two men and three women, died from tuberculosis of the lungs. Seven, three men and four women, died from endocarditis. Eight, three men and five women, succumbed to apoplexy, while broncho-pneumonia carried off seven, one man and six women. All of these diseases seemed to have been more fatal to colored women than men during the month of May.

No white deaths from tuberculosis of the lungs were reported for the month, although diseases of the heart carried off 20 white persons, ten males and ten females. Only three whites died from apoplexy, one male and two females, while only two whites, both males, succumbed to broncho-pneumonia.

One colored woman and no white died from the effects of childbirth. Nine persons lost their lives by violent or accidental deaths. To were drowned. Both of these were white. Two, one white and one colored male, died

from accidental falls, and one white male died from injuries sustained in a street car accident. There were two colored homicides, both males, and one colored death by accidental poisoning, female.

The infant mortality rate seems to be showing marked improvement among the colored population here. Eight deaths of colored infants under one year of age were reported. Seven of these were females. Only two white deaths of infants under one year of age were reported. These were divided between the sexes.

The colored death rate for Ports-

mouth far exceeded that of the white in this city for the month of May, according to the monthly report of Dr. J. L. Roper, director of the Department of Public Welfare. There were 34 colored and 16 white deaths reported. Of the colored, 20 were male and 14 female. The whites had none male and seven female deaths.

Colored births fell far below deaths, according to the report. There were 14 male and six female births reported, or a total of 20, against the 34 deaths. White births outnumbered deaths. There were 16 white male and 17 white female births, or a total of 33 reported against 16 deaths. In fact the white births almost doubled the white deaths, while the colored deaths came near doubling the colored births.

Dr. Roper, however, believes that the reports of births during the month of May are incomplete. He has warned parents that unless the proper reports of births are made, officials certificates cannot be prepared by the department and the lack of such certificates will prove a handicap to the children all through their lives. Entrance into the public school system, the issuance of passports and similar matters concerning the paternity of residents of the United States require the presentation of birth certificates, Dr. Roper explained.

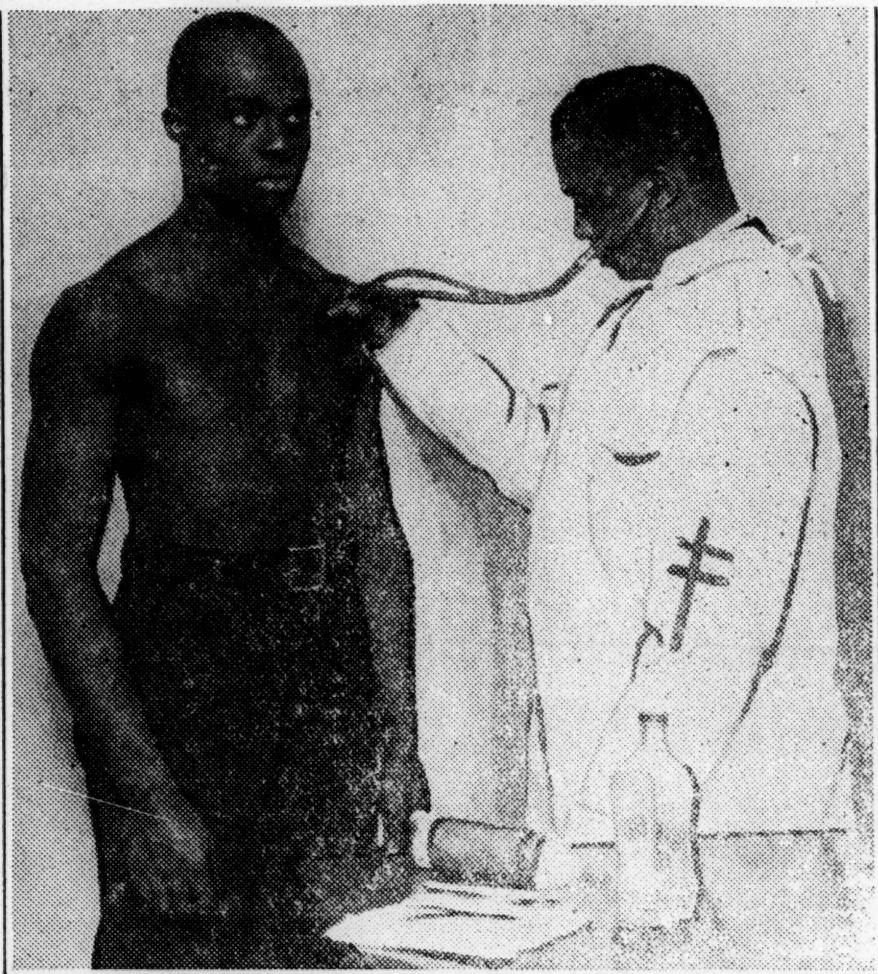
A NEW HEALTH PROJECT

THE DIRECTOR of mid-wife education in the State department of health has interested the Rosenwald Fund in making an appropriation of half the salary and traveling expenses of a nurse who is to divide her time between the counties of Brunswick, Greensville, Southampton, Isle of Wight, Norfolk, Princess Anne, Nottoway, and Mecklenburg. The people of these counties are called upon to contribute the other half, and some of the counties, it is reported by President John M. Gandy, of the State College, an interested helper, have already raised their quota. Since the State does not finance this sort of health aid to colored citizens the department is to be commended for putting on foot a plan to obtain the money from private sources.

It has been demonstrated that the county nurse is a valuable aid to public health. In the matter of births alone her services are worth many times the cost of her maintenance. As 75 per cent of births in the rural districts are as yet unattended by physicians, and dependent entirely upon the attendance or experience of mid-wives any channel through which their knowledge and methods may be improved should be strengthened and supported. The JOURNAL AND GUIDE knows of no more efficient primary assistance than that which can be rendered by a competent trained nurse.

The State health department now maintains a degree of supervision over mid-wives, the general assembly of 1918 having enacted a law under which it is done. Since that time many wholly incompetent women who functioned in this capacity have been brought up

to the requirements thru instruction courses or weeded out. As a consequence there has been a decrease in infant mortality from that source. The employment of county or district nurses will further decrease this rather high mortality. It would be a very fine thing if the project that has been planned for the eight counties named could be extended, through the same method, to the other counties of the State which do not now have an attending nurse.



NASBY REINHART, Milwaukee, Wis. high school student, believes in an annual physical examination as the best kind of health insurance. He posed for this picture which was used on posters during "Negro Health Week" in many cities to stimulate interest in chest examinations for the early discovery of tuberculosis as the first step toward speedy recovery.